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m 990

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

## Open to Public Inspection

**A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014**

|   |  |  |
|---|--|--|
| <b>3 Check if applicable</b><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>HINSDALE HOSPITAL FOUNDATION</b>                                   |  |
|   | <b>D Employer identification number</b><br><b>52-1466387</b>   |  |
|   | <b>E Telephone number</b><br><b>(630) 856-2000</b>   |  |
|   | <b>F Street address</b><br><b>120 NORTH OAK STREET</b>   |  |
|   | <b>G City, state or province, country, and ZIP or foreign postal code</b><br><b>HINSDALE, IL 60521</b> |  |
|   | <b>H Telephone number</b><br><b>(630) 856-2000</b>   |  |
|   | <b>I Fax number</b><br><b>(630) 856-2000</b>   |  |

|   |  |
|---|--|
| Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | included?<br>If "No," attach a list (see instructions) |
| <b>Website:</b> ► WWW.KEEPINGYOUWELL.COM  | <b>H(c)</b> Group exemption number ►                   |

Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1985 M State of legal domicile IL

## Part I      **Summary**

**1 Briefly describe the organization's mission or most significant activities  
FUND-RAISING FOR TAX-EXEMPT HOSPITAL ORGANIZATION**

|    |     |
|----|-----|
| 3  | 25  |
| 4  | 21  |
| 5  | 0   |
| 6  | 121 |
| 7a | 0   |
| 7b | 0   |

| Revenue |  |  | Prior Year | Current Year |
|---------|--|--|------------|--------------|
|         |  |  | 770,582    | 763,04       |
|         |  |  | 1,840,434  | 2,076,17     |
|         |  |  | 369,047    | 385,31       |
|         |  |  | -179,330   | -75,78       |
|         |  |  | 2,800,733  | 3,148,75     |

|            |  |           |          |
|------------|--|-----------|----------|
|            | 12) . . . . .  | 2,330,733 | 3,148,73 |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .         | 2,253,559 | 2,591,34 |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .            | 0         |          |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0         |          |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .            | 47,586    | 51,87    |
| <b>b</b>   | <u>Total fundraising expenses (Part IX, column (D), line 25)</u> <del>86,609</del> |           |          |

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>17</b> | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .   | 323,410   | 323,20   |
| <b>18</b> | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,624,555 | 2,966,42 |
| <b>19</b> | Revenue less expenses Subtract line 18 from line 12 . . . . .            | 176,178   | 182,32   |

**Part II      Signature Block**

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

|   |                               |
|---|-------------------------------|
| <p>Sign<br/>Here</p> <p>*****</p> <p>Signature of officer</p> <p><u>SUSAN KING EXECUTIVE DIRECTOR</u></p> <p>Type or print name and title</p> | <p>2015-10-26</p> <p>Date</p> |
|---|-------------------------------|

|                                       |                            |                      |      |   |      |
|---------------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                                       | Firm's name ►              | Firm's EIN ►         |      |   |      |
|                                       | Firm's address ►           | Phone no             |      |   |      |

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

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

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

## THE PROMOTION OF PHILANTHROPY AND GOODWILL FOR ADVENTIST HINSDALE HOSPITAL

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

If "Yes," describe these changes on Schedule C.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 2,591,349 including grants of \$ 2,591,349 ) (Revenue \$ 2,076,178

THE PRIMARY EXEMPT PURPOSE OF THE HINSDALE HOSPITAL FOUNDATION IS TO CONDUCT FUND-RAISING ON BEHALF OF ADVENTIST MIDWEST HEALTH F/K/A ADVENTIST HINSDALE HOSPITAL (AHH), AN IRC SECTION 501(C)(3) ORGANIZATION DURING THE CURRENT YEAR, \$2,470,455 WAS CONTRIBUTED TO AHH

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

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

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

Form 990 (2014)

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21 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

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

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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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

c 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

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 Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

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

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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

16 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

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

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

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

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?

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

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

|     |   |     |     |  |
|-----|---|-----|-----|--|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  | Yes |  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | Yes |  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 24a | No  |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |  |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |  |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a | No  |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b | No  |  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  | No  |  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 | 27  | No  |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  | 28a | No  |  |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b | No  |  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28c | No  |  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 29  | Yes |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 30  | No  |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 31  | No  |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 32  | No  |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 33  | No  |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 34  | Yes |  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 35a | Yes |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35b | No  |  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 36  | No  |  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 37  | No  |  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 38  | Yes |  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   |     |     |  |

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

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

|  |            | Yes | No |
|--|------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | <b>1a</b>  | 8   |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  | <b>1b</b>  | 0   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | <b>1c</b>  | Yes |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 0   |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          | <b>2b</b>  |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | No  |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>  | <b>3b</b>  |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>  | No  |    |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   | <b>4b</b>  |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | No  |    |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>  | No  |    |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>  | No  |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   | <b>7a</b>  | Yes |    |
| <b>a</b> 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>7b</b>  | Yes |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7c</b>  | No  |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7d</b>  |     |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7e</b>  | No  |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7f</b>  | No  |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7g</b>  |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7h</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>8</b>   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter   | <b>10a</b> |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  | <b>10b</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter  | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)   | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   | <b>13a</b> |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | <b>13b</b> |     |    |
| <b>b</b> 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   | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b> | No  |    |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>  | <b>14b</b> |     |    |

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

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

### Section A. Governing Body and Management

|           |   |           | Yes | No |
|-----------|---|-----------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   | <b>1a</b> | 25  |    |
|           | 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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> | 21  |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | <b>2</b>  | Yes |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>  | No  |    |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  | No  |    |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  | No  |    |
| <b>6</b>  | Did the organization have members or stockholders?  | <b>6</b>  | Yes |    |
| <b>7a</b> | 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?  | <b>7a</b> | Yes |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  | <b>8a</b> | Yes |    |
| <b>a</b>  | The governing body?   | <b>8b</b> | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | <b>9</b>  | No  |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |           |     |    |

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

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

### Section C. Disclosure

|           |  |
|-----------|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> IL  |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| <b>19</b> | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |
| <b>20</b> | State the name, address, and telephone number of the person who possesses the organization's books and records<br><input checked="" type="checkbox"/> SUSAN KING   |

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-----------------------|---|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
|                       |   | Individual trustee<br>Or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>Employee | Former |   |  |   |
|                       |   |  |                       |         |              |                                 |        |   |  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and Title | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-----------------------|---|--|-----------------------|---------|--------------|---------------------------------|---|--|---|
|                       |   | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee |   |  |   |
|                       |   |  |                       |         |              |                                 |   |  |   |

|  |   |   |           |         |
|--|---|---|-----------|---------|
| <b>1b Sub-Total . . . . .</b>  | ► |   |           |         |
| <b>c Total from continuation sheets to Part VII, Section A . . . . .</b> | ► |   |           |         |
| <b>d Total (add lines 1b and 1c) . . . . .</b>                           | ► | 0 | 1,799,949 | 322,431 |

**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 ►0

|   | Yes | No  |
|---|-----|-----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  | 3   | No  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . | 4   | Yes |
| <b>5</b> 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   | No  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0 |                                |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

|   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |  |
|---|--|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |  |   |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            | 226,025  |   |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            | 171,674  |   |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>            |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above         | <b>1f</b>            | 365,347  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines<br>1a-1f \$                                       |                      |  |   |   |  |
|   | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .   |                      | 763,046  |   |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> SATISFACTION OF PROGRAM RESTRICTI  | Business Code        |  |   |   |  |
|   |  |                      | 900099   | 2,076,178                               | 2,076,178   |  |
|   | <b>b</b>   |                      |  |   |   |  |
|   | <b>c</b>   |                      |  |   |   |  |
|   | <b>d</b>   |                      |  |   |   |  |
|   | <b>e</b>   |                      |  |   |   |  |
|   | <b>f</b> All other program service revenue   |                      |  |   |   |  |
|   | <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .   |                      | 2,076,178  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                      | 120,759  |   | 120,759   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |                      |  |   |   |  |
|   | <b>5</b> Royalties . . . . .   |                      |  |   |   |  |
|   | <b>6a</b> Gross rents  | (I) Real             | (II) Personal                                      |   |   |  |
|   | <b>b</b> Less rental expenses  |                      |  |   |   |  |
|   | <b>c</b> Rental income or (loss)   |                      |  |   |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |                      |  |   |   |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory                                   | (I) Securities       | (II) Other   |   |   |  |
|   | 3,922,278  |                      |  |   |   |  |
| <b>b</b> Less cost or other basis and sales expenses  | 3,657,727  |                      |  |   |   |  |
| <b>c</b> Gain or (loss)   | 264,551  |                      |  |   |   |  |
| <b>d</b> Net gain or (loss) . . . . .   |  | 264,551              |  | 264,551                                 |   |  |
| <b>8a</b> Gross income from fundraising events (not including<br>\$ <u>226,025</u><br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |  |                      |  |   |   |  |
| <b>a</b>  | 58,170   |                      |  |   |   |  |
| <b>b</b> Less direct expenses . . . . .   | <b>b</b> 133,951   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .   |  | -75,781              |  | -75,781                                 |   |  |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .   |  |                      |  |   |   |  |
| <b>a</b>  |  |                      |  |   |   |  |
| <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   |  |                      |  |   |   |  |
| <b>a</b>  |  |                      |  |   |   |  |
| <b>b</b> Less cost of goods sold . . . . .  | <b>b</b>   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      |  |   |   |  |
| <b>Miscellaneous Revenue</b>  |  | Business Code        |  |   |   |  |
| <b>11a</b>  |  |                      |  |   |   |  |
| <b>b</b>  |  |                      |  |   |   |  |
| <b>c</b>  |  |                      |  |   |   |  |
| <b>d</b> All other revenue . . . . .  |  |                      |  |   |   |  |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .  |  |                      |  |   |   |  |
| <b>12</b> <b>Total revenue.</b> See Instructions . . . . .  |  | 3,148,753            | 2,076,178  | 0                                       | 309,529   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .   | 2,509,810                     | 2,509,810                                   |  |   |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .  | 81,539                        | 81,539                                      |  |   |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .   |                               |   |  |   |
| 4 Benefits paid to or for members . . . . .   |                               |   |  |   |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  |                               |   |  |   |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                               |   |  |   |
| 7 Other salaries and wages . . . . .  |                               |   |  |   |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                               |   |  |   |
| 9 Other employee benefits . . . . .   |                               |   |  |   |
| 10 Payroll taxes . . . . .  |                               |   |  |   |
| 11 Fees for services (non-employees)  |                               |   |  |   |
| a Management . . . . .  |                               |   |  |   |
| b Legal . . . . .   | 2,117                         |   | 2,117  |   |
| c Accounting . . . . .  | 13,000                        |   | 13,000   |   |
| d Lobbying . . . . .  |                               |   |  |   |
| e Professional fundraising services See Part IV, line 17  | 51,879                        |   |  | 51,879                                  |
| f Investment management fees . . . . .  | 28,355                        |   | 28,355   |   |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 90,855                        |   | 58,795   | 32,060                                  |
| 12 Advertising and promotion . . . . .  | 9,426                         |   | 6,756  | 2,670                                   |
| 13 Office expenses . . . . .  | 75,893                        |   | 75,893   |   |
| 14 Information technology . . . . .   |                               |   |  |   |
| 15 Royalties . . . . .  |                               |   |  |   |
| 16 Occupancy . . . . .  | 1,785                         |   | 1,785  |   |
| 17 Travel . . . . .   | 11,422                        |   | 11,422   |   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                               |   |  |   |
| 19 Conferences, conventions, and meetings . . . . .   | 370                           |   | 370  |   |
| 20 Interest . . . . .   |                               |   |  |   |
| 21 Payments to affiliates . . . . .   |                               |   |  |   |
| 22 Depreciation, depletion, and amortization . . . . .  |                               |   |  |   |
| 23 Insurance . . . . .  |                               |   |  |   |
| 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 O) . . . . .                                     |                               |   |  |   |
| a PROGRAM COSTS   | 22,368                        |   | 22,368   |   |
| b ENTERTAINMENT   | 19,764                        |   | 19,764   |   |
| c FOOD COSTS  | 18,015                        |   | 18,015   |   |
| d PURCHASED SERVICES  | 5,871                         |   | 5,871  |   |
| e All other expenses  | 23,960                        |   | 23,960   |   |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 2,966,429                     | 2,591,349                                   | 288,471  | 86,609                                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                               |   |  |   |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

|   |  | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |            |
|---|--|---------------------------------|---------------------------|------------|
| <b>Assets</b>   | 1 Cash—non-interest-bearing  | 1                               |                           |            |
|   | 2 Savings and temporary cash investments   | 3,109,790                       | 4,606,545                 |            |
|   | 3 Pledges and grants receivable, net   | 1,257,887                       | 944,563                   |            |
|   | 4 Accounts receivable, net   | 4                               |                           |            |
|   | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   | 5                               |                           |            |
|   | 6 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 instructions) Complete Part II of Schedule L | 6                               |                           |            |
|   | 7 Notes and loans receivable, net  | 7                               |                           |            |
|   | 8 Inventories for sale or use  | 8                               |                           |            |
|   | 9 Prepaid expenses and deferred charges  | 9                               |                           |            |
|   | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a                             |                           |            |
|   | b Less accumulated depreciation  | 10b                             |                           | <b>10c</b> |
|   | 11 Investments—publicly traded securities  | 8,603,972                       | 11                        | 6,769,791  |
|   | 12 Investments—other securities See Part IV, line 11   | 156,152                         | 12                        | 222,958    |
|   | 13 Investments—program-related See Part IV, line 11  |                                 | 13                        |            |
|   | 14 Intangible assets   |                                 | 14                        |            |
|   | 15 Other assets See Part IV, line 11   | 900,149                         | 15                        | 884,486    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 14,027,950   | <b>16</b>                       | 13,428,343                |            |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses   | 59,105                          | 17                        | 54,887     |
|   | 18 Grants payable  |                                 | 18                        |            |
|   | 19 Deferred revenue  |                                 | 19                        |            |
|   | 20 Tax-exempt bond liabilities   |                                 | 20                        |            |
|   | 21 Escrow or custodial account liability Complete Part IV of Schedule D  |                                 | 21                        |            |
|   | 22 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   |                                 | 22                        |            |
|   | 23 Secured mortgages and notes payable to unrelated third parties  |                                 | 23                        |            |
|   | 24 Unsecured notes and loans payable to unrelated third parties  |                                 | 24                        |            |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  | 43,091                          | 25                        | 68,805     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 102,196                         | <b>26</b>                 | 123,692    |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                                 |                           |            |
|   | 27 Unrestricted net assets   | 6,558,506                       | 27                        | 6,599,872  |
|   | 28 Temporarily restricted net assets   | 6,373,364                       | 28                        | 5,723,581  |
|   | 29 Permanently restricted net assets   | 993,884                         | 29                        | 981,198    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                                 |                           |            |
|   | 30 Capital stock or trust principal, or current funds  |                                 | 30                        |            |
|   | 31 Paid-in or capital surplus, or land, building or equipment fund   |                                 | 31                        |            |
|   | 32 Retained earnings, endowment, accumulated income, or other funds  |                                 | 32                        |            |
|   | 33 Total net assets or fund balances   | 13,925,754                      | 33                        | 13,304,651 |
|   | <b>34 Total liabilities and net assets/fund balances</b>   | 14,027,950                      | <b>34</b>                 | 13,428,343 |

**Part XI Reconciliation of Net Assets**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  | 3,148,753  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,966,429  |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 182,324    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 13,925,754 |
| 5  | Net unrealized gains (losses) on investments  | 5  | 14,186     |
| 6  | Donated services and use of facilities  | 6  |            |
| 7  | Investment expenses   | 7  |            |
| 8  | Prior period adjustments  | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | -817,613   |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 13,304,651 |

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b Were the organization's financial statements audited by an independent accountant?<br>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<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | 2c  | Yes |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?<br>3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                      | 3a  | No  |
|   | 3b  |     |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1466387  
**Name:** HINSDALE HOSPITAL FOUNDATION

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                     | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |        |
|--|--|---|-----------------------|---------|--------------|---------------------|--|---|---|--------|
|  |  | Individual trustee<br>Or director   | Institutional Trustee | Officer | Key employee | Highest compensated | Former   |   |   |        |
| (26) SUSAN KING<br>.....<br>EXECUTIVE DIRECTOR | 50 00<br>.....<br>0 00   |   |                       | X       |              |                     |  | 0   | 138,888   | 30,791 |

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service**Name of the organization**

HINSDALE HOSPITAL FOUNDATION

**Employer identification number**

52-1466387

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

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

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

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

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

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

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

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

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

a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . .

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total  |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 4,030,060 | 2,436,989 | 8,922,893 | 2,611,016 | 2,839,224 | 20,840,182 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |            |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |            |
| 4 <b>Total.</b> Add lines 1 through 3   | 4,030,060 | 2,436,989 | 8,922,893 | 2,611,016 | 2,839,224 | 20,840,182 |
| 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) |           |           |           |           |           | 4,230,948  |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |           |           |           |           |           | 16,609,234 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2010  | (b) 2011  | (c) 2012  | (d) 2013  | (e) 2014  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4  | 4,030,060 | 2,436,989 | 8,922,893 | 2,611,016 | 2,839,224 | 20,840,182 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 310,073   | 245,288   | 273,287   | 191,534   | 150,932   | 1,171,114  |
| 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 VI)   |           |           |           |           |           |            |
| 11 <b>Total support</b> Add lines 7 through 10   |           |           |           |           |           | 22,011,296 |
| 12 Gross receipts from related activities, etc (see instructions)  |           |           |           |           | 12        | 411,245    |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► |           |           |           |           |           |            |

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

|   |    |          |
|---|----|----------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 75 460 % |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14                        | 15 | 73 740 % |

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►✓

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►✓

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►✓

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►✓

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6 )  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► |          |          |          |          |          |           |

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

|   |    |
|---|----|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |

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

|   |    |
|---|----|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))  | 17 |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17   | 18 |
| <b>19a 33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►        |    |
| <b>b 33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► |    |

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

**1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

**2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

**c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

**4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

**c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

**5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

**b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

**c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

**6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

**7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

**8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

**9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

**b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

**c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

**10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

**b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

**11** Has the organization accepted a gift or contribution from any of the following persons?

**a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

**b** A family member of a person described in (a) above?

**c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

|            | Yes | No |
|------------|-----|----|
| <b>1</b>   |     |    |
| <b>2</b>   |     |    |
| <b>3a</b>  |     |    |
| <b>3b</b>  |     |    |
| <b>3c</b>  |     |    |
| <b>4a</b>  |     |    |
| <b>4b</b>  |     |    |
| <b>4c</b>  |     |    |
| <b>5a</b>  |     |    |
| <b>5b</b>  |     |    |
| <b>5c</b>  |     |    |
| <b>6</b>   |     |    |
| <b>7</b>   |     |    |
| <b>8</b>   |     |    |
| <b>9a</b>  |     |    |
| <b>9b</b>  |     |    |
| <b>9c</b>  |     |    |
| <b>10a</b> |     |    |
| <b>10b</b> |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |

**Part IV Supporting Organizations (continued)****Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|   | Yes | No |
|---|-----|----|
| 1 |     |    |

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a  The organization satisfied the Activities Test Complete **line 2** below

b  The organization is the parent of each of its supported organizations Complete **line 3** below

c  The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

|    | Yes | No |
|----|-----|----|
| 2a |     |    |

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

|    | Yes | No |
|----|-----|----|
| 2b |     |    |

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

|    | Yes | No |
|----|-----|----|
| 3a |     |    |

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

|    | Yes | No |
|----|-----|----|
| 3b |     |    |

**Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

1 Net short-term capital gain  
 2 Recoveries of prior-year distributions  
 3 Other gross income (see instructions)  
 4 Add lines 1 through 3  
 5 Depreciation and depletion  
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  
 6 Other expenses (see instructions)  
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

|   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------|--------------------------------|
| 1 |                |                                |
| 2 |                |                                |
| 3 |                |                                |
| 4 |                |                                |
| 5 |                |                                |
| 6 |                |                                |
| 7 |                |                                |
| 8 |                |                                |

**Section B - Minimum Asset Amount**

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  
 a Average monthly value of securities  
 b Average monthly cash balances  
 c Fair market value of other non-exempt-use assets  
 d Total (add lines 1a, 1b, and 1c)  
 e Discount claimed for blockage or other factors (explain in detail in Part VI) \_\_\_\_\_  
 2 Acquisition indebtedness applicable to non-exempt use assets  
 3 Subtract line 2 from line 1d  
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  
 6 Multiply line 5 by 035  
 7 Recoveries of prior-year distributions  
 8 Minimum Asset Amount (add line 7 to line 6)

|    | (A) Prior Year | (B) Current Year<br>(optional) |
|----|----------------|--------------------------------|
| 1  |                |                                |
| 1a |                |                                |
| 1b |                |                                |
| 1c |                |                                |
| 1d |                |                                |
| 2  |                |                                |
| 3  |                |                                |
| 4  |                |                                |
| 5  |                |                                |
| 6  |                |                                |
| 7  |                |                                |
| 8  |                |                                |

**Section C - Distributable Amount**

1 Adjusted net income for prior year (from Section A, line 8, Column A)  
 2 Enter 85% of line 1  
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  
 4 Enter greater of line 2 or line 3  
 5 Income tax imposed in prior year  
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  
 7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

|   |  | Current Year |
|---|--|--------------|
| 1 |  |              |
| 2 |  |              |
| 3 |  |              |
| 4 |  |              |
| 5 |  |              |
| 6 |  |              |

**Section D - Distributions**

|   | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2014 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2014</b> | <b>(iii)<br/>Distributable<br/>Amount for 2014</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2014 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2014   |                                     |   |  |
| <b>a</b> From 2009. . . . .  |                                     |   |  |
| <b>b</b> From 2010. . . . .  |                                     |   |  |
| <b>c</b> From 2011. . . . .  |                                     |   |  |
| <b>d</b> From 2012. . . . .  |                                     |   |  |
| <b>e</b> From 2013. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2014 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2009 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2014 from Section D, line 7<br>\$ _____   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2014 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> From 2010. . . . .  |                                     |   |  |
| <b>b</b> From 2011. . . . .  |                                     |   |  |
| <b>c</b> From 2012. . . . .  |                                     |   |  |
| <b>d</b> From 2013. . . . .  |                                     |   |  |
| <b>e</b> From 2014. . . . .  |                                     |   |  |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2014**

► 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.irs.gov/form990](http://www.irs.gov/form990).**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
HINSDALE HOSPITAL FOUNDATION**Employer identification number**

52-1466387

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

|   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year                       |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year                    |                         |                              |

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

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

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

|  |   |
|--|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply)   | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area |
|  | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure  |
|  | <input type="checkbox"/> Preservation of open space   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year |   |
|  | <b>Held at the End of the Year</b>  |
| a Total number of conservation easements   | 2a  |
| b Total acreage restricted by conservation easements   | 2b  |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c  |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register                           | 2d  |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

|   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

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

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,641,940        | 1,754,512      | 1,690,924          | 1,631,892            | 1,509,248           |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 67,632           | 67,497         | 63,588             | 59,032               | 122,644             |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  | 180,069        |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 1,709,572        | 1,641,940      | 1,754,512          | 1,690,924            | 1,631,892           |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment  94 190 %

**b** Permanent endowment  5 810 %

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

|   | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|-------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                  |                         |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .              |                         |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . . |                         |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .              |                         |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .                  |                         |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .  0

**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.

| <b>(a) Description of security or category<br/>(including name of security)</b> | <b>(b) Book value</b> | <b>(c) Method of valuation<br/>Cost or end-of-year market value</b> |
|---|-----------------------|---|
| (1) Financial derivatives   |                       |   |
| (2) Closely-held equity interests   |                       |   |
| Other   |                       |   |
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**Total.** (Column (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.

**Total.** (Column (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.

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

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 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.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |    |           |
|---|--|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 3,649,764 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                       |    |           |
| a | Net unrealized gains (losses) on investments . . . . .                                   | 2a | 9,286     |
| b | Donated services and use of facilities . . . . .   | 2b | 508,018   |
| c | Recoveries of prior year grants . . . . .  | 2c |           |
| d | Other (Describe in Part XIII ) . . . . .   | 2d |           |
| e | Add lines 2a through 2d . . . . .  | 2e | 517,304   |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 3,132,460 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                      |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .               | 4a |           |
| b | Other (Describe in Part XIII ) . . . . .   | 4b | 16,293    |
| c | Add lines 4a and 4b . . . . .  | 4c | 16,293    |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 3,148,753 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 3,608,398 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                          |    |           |
| a | Donated services and use of facilities . . . . .  | 2a | 508,018   |
| b | Prior year adjustments . . . . .  | 2b |           |
| c | Other losses . . . . .  | 2c |           |
| d | Other (Describe in Part XIII ) . . . . .  | 2d | 133,951   |
| e | Add lines 2a through 2d . . . . .   | 2e | 641,969   |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 2,966,429 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                        |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |           |
| b | Other (Describe in Part XIII ) . . . . .  | 4b |           |
| c | Add lines 4a and 4b . . . . .   | 4c | 0         |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 2,966,429 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART V, LINE 4                        | HINSDALE HOSPITAL FOUNDATION (HHF) IS A SUPPORTING ORGANIZATION OF ADVENTIST MIDWEST HEALTH F/K/A ADVENTIST HINSDALE HOSPITAL (AHH), A RELATED TAX-EXEMPT HOSPITAL THAT IS ALSO EXEMPT UNDER IRC SECTION 501(C)(3) HHF'S ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS ESTABLISHED TO SUPPORT AHH'S OPLER CANCER CENTER AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS  |
| PART X, LINE 2                        | THE SEPARATE AUDITED FINANCIAL STATEMENTS OF HINSDALE HOSPITAL FOUNDATION CONTAIN THE FOLLOWING INCOME TAX FOOTNOTE - THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(3) THE FOUNDATION IS SUBJECT TO INCOME TAX, HOWEVER, ON ANY UNRELATED BUSINESS INCOME THERE WERE NO TAXES OWED FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013 THE FOUNDATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS THE FOUNDATION HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS THE FEDERAL AND STATE TAX RETURNS OF THE FOUNDATION FOR 2011, 2012, 2013 AND 2014 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED |
| PART XI, LINE 4B - OTHER ADJUSTMENTS  | RECLASS SPECIAL EVENT EXPENSE -133,951 RECLASS SPECIAL EVENT REVENUE/CONTRIBUTIONS FROM RESTRICTED 150,244   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RECLASS SPECIAL EVENT EXPENSE 133,951  |

## **Part XIII      Supplemental Information (continued)**

| Return Reference | Explanation |
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2014

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue ServiceName of the organization  
HINSDALE HOSPITAL FOUNDATION

Employer identification number

52-1466387

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser)                               | (ii) Activity                | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------------|--|----|-----------------------------------|--|---|
| 1   | CAPITAL CAMPAIGN CONSULTANTS | Yes  | No | 0                                 | 51,879   | 0   |
| JS CONSULTING & MARKETING INC<br>4147 GARDEN AVENUE<br><br>WESTERN SPRINGS, IL<br>60558 |                              |  |    |                                   |  |   |
| 2   |                              |  |    |                                   |  |   |
| 3   |                              |  |    |                                   |  |   |
| 4   |                              |  |    |                                   |  |   |
| 5   |                              |  |    |                                   |  |   |
| 6   |                              |  |    |                                   |  |   |
| 7   |                              |  |    |                                   |  |   |
| 8   |                              |  |    |                                   |  |   |
| 9   |                              |  |    |                                   |  |   |
| 10  |                              |  |    |                                   |  |   |
| <b>Total . . . . .</b>  |                              |  |    |                                   | 51,879   |   |

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

IL

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|    |   | (a) Event #1                         | (b) Event #2                      | (c) Other events | (d) Total events<br>(add col (a) through<br>col (c)) |
|----|---|--------------------------------------|-----------------------------------|------------------|--|
|    |   | <b>ASSEMBLY BALL</b><br>(event type) | <b>GOLF EVENT</b><br>(event type) | (total number)   |  |
| 1  | Gross receipts . . .  | 157,395                              | 126,800                           |                  | 284,195  |
| 2  | Less Contributions . . .  | 131,175                              | 94,850                            |                  | 226,025  |
| 3  | Gross income (line 1<br>minus line 2) . . .                           | 26,220                               | 31,950                            |                  | 58,170   |
| 4  | Cash prizes . . .   | 0                                    | 0                                 |                  |  |
| 5  | Noncash prizes . . .  | 0                                    | 7,618                             |                  | 7,618  |
| 6  | Rent/facility costs . . .   | 47,087                               | 30,435                            |                  | 77,522   |
| 7  | Food and beverages . . .  | 1,800                                | 0                                 |                  | 1,800  |
| 8  | Entertainment . . .   | 8,700                                | 0                                 |                  | 8,700  |
| 9  | Other direct expenses . . .   | 33,146                               | 5,165                             |                  | 38,311   |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . .  |                                      |                                   |                  | (133,951) ►  |
| 11 | Net income summary Subtract line 10 from line 3, column (d) . . . . . |                                      |                                   |                  | -75,781 ►  |

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

|   |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo              | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col<br>(c)) |
|---|---|---|---|---|--|
|   |   |   |   |   |  |
| 1 | Gross revenue . . . . .   |   |   |   |  |
| 2 | Cash prizes . . . . .   |   |   |   |  |
| 3 | Non-cash prizes . . . . .   |   |   |   |  |
| 4 | Rent/facility costs . . . . .   |   |   |   |  |
| 5 | Other direct expenses . . . . .   |   |   |   |  |
| 6 | Volunteer labor . . . . .   | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No |  |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . .        |   |   |   | ►  |
| 8 | Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . |   |   |   | ►  |

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activities conducted in

|     |   |
|-----|---|
| 13a | % |
| 13b | % |

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference

Explanation

Schedule I  
(Form 990)Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

HINSDALE HOSPITAL FOUNDATION

Employer identification number

52-1466387

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ADVENTIST MIDWEST HEALTH FKA ADVENTIST HINSDALE HOSPITAL 120 N OAK STREET HINSDALE, IL 60521 | 36-2276984 | 501(C)(3)                     | 2,470,455                |                                   |   |  | GENERAL SUPPORT                    |
| (2) AHS MIDWEST MANAGEMENT INC 1000 REMINGTON BLVD STE 200 BOLINGBROOK, IL 60440                 | 36-3354567 | 501(C)(3)                     | 33,017                   |                                   |   |  | RESEARCH                           |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) ASSISTANCE TO EMPLOYEES OF SUPPORTED HOSPITAL ORGANIZATION IN NEED | 30                       | 13,323                   |                                   |   |  |
| (2) NEEDY PATIENTS   | 113                      | 67,316                   |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2   | GRANTS ARE GENERALLY MADE ONLY TO THE SUPPORTED HOSPITAL ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(C)(3) AND OTHER ORGANIZATIONS EXEMPT UNDER 501(C)(3) ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PROCEDURES |

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

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
► Attach to Form 990.► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2014****Open to Public  
Inspection**Name of the organization  
HINSDALE HOSPITAL FOUNDATION

Employer identification number

52-1466387

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

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

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

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

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

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

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                    | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                                       | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 DAVID CRANE, DIRECTOR               | (i) 0<br>(ii) 706,908                              | 0<br>..... 200,797                  | 0<br>..... 207,106                  | 0<br>..... 146,642                             | 0<br>..... 40,881       | 0<br>..... 1,302,334            | 0<br>..... 125,137   |
| 2 MICHAEL GOEBEL, EX OFFICIO DIRECTOR | (i) 0<br>(ii) 385,593                              | 0<br>..... 55,663                   | 0<br>..... 93,744                   | 0<br>..... 65,899                              | 0<br>..... 38,218       | 0<br>..... 639,117              | 0<br>..... 51,284  |
| 3 SUSAN KING, EXECUTIVE DIRECTOR      | (i) 0<br>(ii) 130,790                              | 0<br>..... 3,878                    | 0<br>..... 4,220                    | 0<br>..... 7,123                               | 0<br>..... 23,668       | 0<br>..... 169,679              | 0<br>..... 0   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 3   | THE INDIVIDUAL WHO SERVES AS THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS COMPENSATED BY ADVENTIST MIDWEST HEALTH F/K/A ADVENTIST HINSDALE HOSPITAL (AHH) FOR THAT INDIVIDUAL'S ROLE IN SERVING AS THE EXECUTIVE DIRECTOR COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF AHH THAT ARE DESIGNED TO ENSURE THAT ALL EMPLOYEES SERVING IN MANAGEMENT ROLES ARE PROVIDED WITH COMPENSATION REFLECTIVE OF FAIR MARKET VALUE GIVEN THEIR ROLES AND RESPONSIBILITIES AHH USES THE FOLLOWING TO ESTABLISH COMPENSATION OF THE EXECUTIVE DIRECTOR - COMPENSATION SURVEY OR STUDY  |
| PART I, LINE 4B  | THE REGIONAL CEO OF THE MIDWEST REGION OF ADVENTIST HEALTH SYSTEM AND THE CEO OF THE FILING ORGANIZATION'S SUPPORTED HOSPITAL SERVE ON THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION THESE INDIVIDUALS ARE COMPENSATED BY AND ON THE PAYROLL OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC), THE PARENT ORGANIZATION OF A HEALTHCARE SYSTEM KNOWN AS ADVENTIST HEALTH SYSTEM (AHS) IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF AHS, AHS PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE AHS EXECUTIVE FLEX BENEFIT PROGRAM (THE PLAN) THE PURPOSE OF THE PLAN IS TO OFFER ELIGIBLE EXECUTIVES AN OPPORTUNITY TO ELECT FROM AMONG A VARIETY OF SUPPLEMENTAL BENEFITS, INCLUDING DEFERRED COMPENSATION BENEFITS TAXABLE UNDER INTERNAL REVENUE CODE (IRC) SECTION 457(F), TO INDIVIDUALLY TAILOR A BENEFITS PROGRAM APPROPRIATE TO EACH EXECUTIVE'S NEEDS THE PLAN PROVIDES ELIGIBLE PARTICIPANTS A PRE-DETERMINED BENEFITS ALLOWANCE CREDIT THAT IS EQUAL TO A PERCENTAGE OF THE EXECUTIVE'S BASE PAY FROM WHICH IS DEDUCTED THE COST OF MANDATORY AND ELECTIVE EMPLOYEE BENEFITS THE PRE-DETERMINED BENEFITS ALLOWANCE CREDIT PERCENTAGE IS APPROVED BY THE AHS BOARD COMPENSATION COMMITTEE, AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS OF AHSSHC ANY FUNDS THAT REMAIN AFTER THE COST OF MANDATORY AND ELECTIVE BENEFITS ARE SUBTRACTED FROM THE ANNUAL PRE-DETERMINED BENEFITS ALLOWANCE ARE CONTRIBUTED, AT THE EMPLOYEE'S OPTION, TO EITHER AN IRC 457(F) DEFERRED COMPENSATION ACCOUNT OR TO AN IRC 457(B) ELIGIBLE DEFERRED COMPENSATION PLAN UPON ATTAINMENT OF AGE 65, ALL PREVIOUS 457(F) DEFERRED AMOUNTS ARE PAID IMMEDIATELY TO THE PARTICIPANT AND ANY FUTURE EMPLOYER CONTRIBUTIONS ARE MADE QUARTERLY FROM THE PLAN DIRECTLY TO THE PARTICIPANT THE PLAN DOCUMENTS DEFINE AN EMPLOYEE WHO IS ELIGIBLE TO PARTICIPATE IN THE PLAN TO GENERALLY INCLUDE THE CHIEF EXECUTIVE OFFICERS OF AHS ENTITIES AND VICE PRESIDENTS OF ALL AHS ENTITIES WHOSE BASE SALARY IS AT LEAST \$224,000 THE PLAN PROVIDES FOR A CLASS YEAR VESTING SCHEDULE (2 YEARS FOR EACH CLASS YEAR) WITH RESPECT TO AMOUNTS ACCUMULATED IN THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT DISTRIBUTIONS COULD ALSO BE MADE FROM THE EXECUTIVE'S 457(F) DEFERRED COMPENSATION ACCOUNT UPON ATTAINMENT OF AGE 65 OR UPON AN INVOLUNTARY SEPARATION THE ACCOUNT IS FORFEITED BY THE EXECUTIVE UPON A VOLUNTARY SEPARATION IN ADDITION TO THE PLAN, AHS HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO AHS AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITALS OR HEALTH CARE INSTITUTIONS PARTICIPATION IN THE PLAN IS OFFERED TO AHS EXECUTIVES ON A PRORATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF AHS AND/OR ANOTHER HOSPITAL OR HEALTH CARE INSTITUTION CONTROLLED BY THE SEVENTH-DAY ADVENTIST CHURCH AND WHO SATISFY CERTAIN OTHER QUALIFYING CRITERIA THIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS DESIGNED TO PROVIDE ELIGIBLE EXECUTIVES WITH THE ECONOMIC EQUIVALENT OF AN ANNUAL INCOME BEGINNING AT NORMAL RETIREMENT AGE EQUAL TO 60% OF THE AVERAGE OF THE PARTICIPANT'S THREE, FIVE OR SEVEN HIGHEST YEARS OF BASE SALARY FROM AHS ACTIVE EMPLOYMENT INCLUSIVE OF INCOME FROM ALL OTHER SEVENTH-DAY ADVENTIST CHURCH HEALTHCARE EMPLOYER-FINANCED RETIREMENT INCOME SOURCES AND INVESTMENT INCOME EARNED ON THOSE CONTRIBUTIONS THROUGH SOCIAL SECURITY NORMAL RETIREMENT AGE AS DEFINED IN THE PLAN THE NUMBER OF YEARS INCLUDED IN HIGHEST AVERAGE COMPENSATION IS DETERMINED BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE SERP AND BY THE INDIVIDUAL'S YEAR OF ENTRY TO THE AHS EXECUTIVE FLEX BENEFIT PROGRAM FLEX PLAN FLEX PLAN/SERP 457(B) CY CY EMPLOYER CY CONTRIB / DISTRIBUTIONS CONTRIB DISTRIBUTIONS* PAYMENT ----- DAVID CRANE \$132,537 \$125,180 \$0 \$0 MICHAEL GOEBEL \$ 56,994 \$ 70,976 \$0 \$0 *INCLUDING INVESTMENT EARNINGS |

SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No 1545-0047

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
HINSDALE HOSPITAL FOUNDATION

Employer identification number

52-1466387

## Part I Types of Property

|   | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII,<br>line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .  |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .  |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .  |                                  |  |   |  |
| 4 Books and publications . . . . .  |                                  |  |   |  |
| 5 Clothing and household goods . . . . .  |                                  |  |   |  |
| 6 Cars and other vehicles . . . . .   |                                  |  |   |  |
| 7 Boats and planes . . . . .  |                                  |  |   |  |
| 8 Intellectual property . . . . .   |                                  |  |   |  |
| 9 Securities—Publicly traded . . . . .  | X                                | 8  | 0   |  |
| 10 Securities—Closely held stock . . . . .  |                                  |  |   |  |
| 11 Securities—Partnership, LLC, or trust interests . . . . .  |                                  |  |   |  |
| 12 Securities—Miscellaneous . . . . .   |                                  |  |   |  |
| 13 Qualified conservation contribution—Historic structures . . . . .  |                                  |  |   |  |
| 14 Qualified conservation contribution—Other . . . . .  |                                  |  |   |  |
| 15 Real estate—Residential . . . . .  |                                  |  |   |  |
| 16 Real estate—Commercial . . . . .   |                                  |  |   |  |
| 17 Real estate—Other . . . . .  |                                  |  |   |  |
| 18 Collectibles . . . . .   |                                  |  |   |  |
| 19 Food inventory . . . . .   |                                  |  |   |  |
| 20 Drugs and medical supplies . . . . .   |                                  |  |   |  |
| 21 Taxidermy . . . . .  |                                  |  |   |  |
| 22 Historical artifacts . . . . .   |                                  |  |   |  |
| 23 Scientific specimens . . . . .   |                                  |  |   |  |
| 24 Archeological artifacts . . . . .  |                                  |  |   |  |
| 25 Other ► (ANNUITY ) . . . . .   | X                                | 1  | 0   |  |
| 26 Other ► ( _____ ) . . . . .  |                                  |  |   |  |
| 27 Other ► ( _____ ) . . . . .  |                                  |  |   |  |
| 28 Other ► ( _____ ) . . . . .  |                                  |  |   |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . |                                  | 29   | 0   |  |

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

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference   | Explanation  |
|--------------------|--|
| PART I, COLUMN (B) | THE NUMBER OF CONTRIBUTIONS REPORTED IN COLUMN (B) OF SCHEDULE M, PART I, REPRESENTS THE NUMBER OF ITEMS RECEIVED BY THE FILING ORGANIZATION DURING THE CURRENT YEAR WITH THE EXCEPTION OF SECURITIES WHICH ARE REPORTED BY THE NUMBER OF CONTRIBUTIONS  |
| PART I, LINE 32B   | DURING THE CURRENT YEAR HINSDALE HOSPITAL FOUNDATION (HHF) RETAINED THE SERVICES OF WILLIAM BLAIR, LLC TO RECEIVE AND SELL ANY STOCK CONTRIBUTED TO HHF  |
| PART I, LINE 33    | PURSUANT TO THE FILING ORGANIZATION'S NET ASSETS ACCOUNTING POLICY, WITH THE EXCEPTION OF GIFTS DONATED TO THE FOUNDATION FOR THE INTENDED USE OF ITS SUPPORTED HOSPITAL, GIFTS OF DONATED PROPERTY ARE RECORDED BY THE FILING ORGANIZATION TO THE TEMPORARILY RESTRICTED NET ASSETS (EQUITY) ACCOUNT ACCORDINGLY, DONATED PROPERTY IS REPORTED DIRECTLY TO EQUITY ACCOUNTS AND ARE NOT RECORDED IN THE INCOME STATEMENT |

**Schedule M (Form 990) (2014)**

2014

Open to Public  
Inspection**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

|  |  |
|--|--|
| Name of the organization<br>HINSDALE HOSPITAL FOUNDATION | Employer identification number<br>52-1466387 |
|--|--|

**990 Schedule O, Supplemental Information**

| Return Reference                          | Explanation   |
|---|---|
| FORM 990, PART VI, SECTION A,<br>LINE 2   | RICHARD CICCARONE AND MICHAEL SUTTON - BUSINESS RELATIONSHIP MATT GOEBEL AND JOHN<br>CREBER - BUSINESS RELATIONSHIP   |
| FORM 990, PART VI, SECTION A,<br>LINE 6   | HINSDALE HOSPITAL FOUNDATION (THE FILING ORGANIZATION) HAS ONE MEMBER THE SOLE MEMBER<br>OF<br>THE FILING ORGANIZATION IS MIDWEST HEALTH FOUNDATION MIDWEST HEALTH FOUNDATION (MHF) IS<br>A<br>N ILLINOIS, NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER<br>INTERN<br>AL REVENUE CODE (IRC) SECTION 501(C)(3) THERE ARE NO OTHER CLASSES OF MEMBERSHIP IN THE F<br>ILING ORGANIZATION   |
| FORM 990, PART VI, SECTION A,<br>LINE 7A  | THE SOLE MEMBER OF THE FILING ORGANIZATION IS MHF THE BOARD OF DIRECTORS OF THE FILING OR<br>GANIZATION ARE APPOINTED BY THE SOLE MEMBER, MHF, WHO HAS THE RIGHT TO ELECT, APPOINT OR<br>R<br>EMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OF THE FILING ORGANIZATION   |
| FORM 990, PART VI, SECTION A,<br>LINE 7B  | MHF, AS THE SOLE MEMBER OF THE FILING ORGANIZATION, HAS THE RESERVED POWER TO APPROVE<br>ANY<br>AMENDMENT, RESTATEMENT, OR REPEALING OF THE ARTICLES OF INCORPORATION OR BYLAWS OF<br>THE FIL<br>ING ORGANIZATION THE PURPOSES CLAUSE OF THE ARTICLES OF INCORPORATION OR THE CLAUSE<br>CONCE<br>RNING ALTERING OR AMENDING THE ARTICLES OF INCORPORATION MAY NOT BE MADE WITHOUT THE<br>APPRO<br>VAL OF THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF ADVENTIST HEALTH<br>SYSTEM/SUNBELT, I<br>NC   |
| FORM 990, PART VI, SECTION B,<br>LINE 11  | THE FILING ORGANIZATIONS CURRENT YEAR FORM 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR<br>PRI<br>OR TO ITS FILING WITH THE IRS THE REVIEW CONDUCTED BY THE EXECUTIVE DIRECTOR DID NOT INCL<br>UDE THE REVIEW OF ANY SUPPORTING WORKPAPERS THAT WERE USED IN PREPARATION OF THE<br>CURRENT Y<br>EAR FORM 990, BUT DID INCLUDE A REVIEW OF THE ENTIRE FORM 990 AND ALL SUPPORTING<br>SCHEDULES   |
| FORM 990, PART VI, SECTION B,<br>LINE 12C | THE CONFLICT OF INTEREST POLICY OF THE FILING ORGANIZATION APPLIES TO MEMBERS OF ITS<br>BOARD<br>OF DIRECTORS (TO BE KNOWN AS INTERESTED PERSONS) IN CONNECTION WITH ANY ACTUAL OR<br>POSSIB<br>LE CONFLICT OF INTERESTS, ANY MEMBER OF THE BOARD OF DIRECTORS OF THE FILING<br>ORGANIZATION<br>(IE INTERESTED PERSONS) MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST WITH THE F<br>ILING ORGANIZATION AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS<br>CONCER<br>NING THE FINANCIAL INTEREST/ARRANGEMENT TO THE BOARD OF DIRECTORS OF THE FILING<br>ORGANIZAT<br>ION OR TO ANY MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS THAT IS CONSIDERING<br>THE PR<br>OPOSED TRANSACTION OR ARRANGEMENT SUBSEQUENT TO ANY DISCLOSURE OF ANY FINANCIAL<br>INTEREST/<br>ARRANGEMENT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE RELEVANT BOARD<br>MEMBE<br>R OR PRINCIPAL OFFICER, THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS OR COMMITTEE<br>WITH<br>BOARD DELEGATED POWERS SHALL DISCUSS, ANALYZE, AND VOTE UPON THE POTENTIAL FINANCIAL<br>INTER<br>EST/ARRANGEMENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS ACCORDING TO THE FILING<br>ORG<br>ANIZATION'S CONFLICT OF INTEREST POLICY, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO<br>T<br>HE BOARD OF DIRECTORS (OR COMMITTEE WITH BOARD DELEGATED POWERS), BUT AFTER SUCH<br>PRESENTAT<br>ION, SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION<br>OR<br>ARRANGEMENT THAT RESULTS IN A CONFLICT OF INTEREST EACH INTERESTED PERSON, AS DEFINED<br>UN<br>DER THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY, IS REQUIRED TO DISCLOSE IN WRIT<br>ING THE EXISTENCE OF ANY CONFLICT OF INTEREST WITH THE FILING ORGANIZATION OR ANY OF THE C<br>HARITABLE ORGANIZATIONS SUPPORTED BY THE FILING ORGANIZATION |
| FORM 990, PART VI, SECTION C,<br>LINE 19  | THE FILING ORGANIZATION DOES NOT GENERALLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF<br>INTE<br>REST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC  |
| FORM 990, PART XI, LINE 9                 | TEMPORARILY RESTRICTED CONTRIBUTIONS 1,528,916 TEMPORARILY RESTRICTED INVESTMENT<br>INCOME 3<br>0,173 APPRECIATION OF BENEFICIAL INTEREST IN PERPETUAL TRUST -12,686 OTHER 38 CHANGE IN<br>VALUE OF CHARITABLE GIFT ANNUITY 839 TRANSFER OF NET ASSETS FROM RESTRICTED FUND<br>BALANCE<br>-2,076,178 CHANGE IN ALLOWANCE FOR UNCOLLECTIBLE RESTRICTED PLEDGES -288,715  |
| FORM 990, PART VI, SECTION B,<br>LINE 15  | THE EXECUTIVE DIRECTOR OF THE FILING ORGANIZATION IS ON THE PAYROLL OF ADVENTIST MIDWEST<br>H<br>EALTH F/K/A ADVENTIST HINSDALE HOSPITAL (AHH) THE COMPENSATION OF THE EXECUTIVE<br>DIRECTOR<br>IS DETERMINED BY AHH IN DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AHH UTILI<br>ZES PUBLISHED SALARY SURVEY DATA AND OTHER LOCAL MARKET INFORMATION IN ESTABLISHING<br>ANNUAL<br>COMPENSATION EXECUTIVE MANAGEMENT OF AHH REVIEW AND APPROVE ANNUAL COMPENSATION   |
| PART VII, SECTION A                       | FOR THOSE BOARD OF DIRECTOR MEMBERS, DAVID CRANE AND MICHAEL GOEBEL, WHO DEVOTE LESS<br>THAN<br>FULL-TIME TO THE FILING ORGANIZATION THE COMPENSATION AMOUNTS SHOWN IN COLUMNS (E) AND<br>(F)<br>ON PAGE 7 WERE PROVIDED IN CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN S<br>ERVING IN AN EXECUTIVE LEADERSHIP POSITION WITHIN THE SUPPORTED HOSPITAL PHYSICIAN<br>MEMBER<br>S OF THE BOARD WERE COMPENSATED BY RELATED HOSPITAL ORGANIZATIONS FOR VARIOUS<br>MEDICAL SERV<br>ICES PROVIDED TO THOSE HOSPITALS   |

SCHEDULE R  
(Form 990)

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceName of the organization  
HINSDALE HOSPITAL FOUNDATION

Employer identification number

52-1466387

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|
| See Additional Data Table                             |                         |  |                            |   |                                  | Yes      No                                  |

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
| See Additional Data Table                                |                         |   |                                     |   |                                 |   |                                |  |    |

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

| (a)<br>Name of related organization                          | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) ADVENTIST MIDWEST HEALTH FKA ADVENTIST HINSDALE HOSPITAL | B                             | 2,470,455              | ACTUAL AMOUNT GIVEN                          |
| (2) RUTH A LEATHERMAN TRUST                                  | A                             | 30,173                 | ACTUAL AMOUNT RECEIVED                       |
| (3) ADVENTIST MIDWEST HEALTH FKA ADVENTIST HINSDALE HOSPITAL | C                             | 201,674                | ACTUAL AMOUNT RECEIVED                       |
| (4) ADVENTIST MIDWEST HEALTH FKA ADVENTIST HINSDALE HOSPITAL | M                             | 508,018                | COST   |
| (5) AHS MIDWEST MANAGEMENT INC                               | B                             | 33,017                 | ACTUAL AMOUNT GIVEN                          |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20<br>of Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|------------------------------------|--|---|----|---|---|--------------------------------|
|   |                         |  |  | Yes   | No |                                    |  | Yes                                     | No |   |   |                                |
|   |                         |  |  |   |    |                                    |  |   |    |   |   |                                |

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule R (Form 990) 2014

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-1466387  
**Name:** HINSDALE HOSPITAL FOUNDATION

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                             | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501<br>(c)(3)) | (f)<br>Direct controlling<br>entity               | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |
|--|---|---|-------------------------------|---|---|--|
| (1) ADVENTIST BOLINGBROOK HOSPITAL<br><br>500 REMINGTON BLVD<br>BOLINGBROOK, IL 60440<br>65-1219504                                | OPERATION OF HOSPITAL &<br>RELATED SERVICES         | IL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (1) ADVENTIST CARE CENTERS - COURTLAND INC<br><br>730 COURTLAND STREET<br>ORLANDO, FL 32804<br>20-5774723                          | OPERATION OF HOME FOR THE<br>AGED/HLTHCARE DELIVERY | FL  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |
| (2) ADVENTIST GLENOAKS HOSPITAL<br><br>701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3208390                             | OPERATION OF HOSPITAL &<br>RELATED SERVICES         | IL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (3) ADVENTIST HLTH MID-AMERICA INC<br><br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>52-1347407                            | HLTHCARE RELATED SERVICES                           | KS  | 501(C)(3)                     | LINE 11A, I   | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (4) ADVENTIST HLTH PARTNERS INC<br><br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>36-4138353                          | OPERATE OUT-PATIENT<br>PHYSICIAN CLINICS            | IL  | 501(C)(3)                     | LINE 3  | AHS MIDWEST<br>MANAGEMENT INC                     | Yes  |
| (5) ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE<br>CORP<br><br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2170012                | MANAGEMENT SERVICES                                 | FL  | 501(C)(3)                     | LINE 11A, I   | N/A   | No   |
| (6) ADVENTIST HLTH SYSTEM GEORGIA INC<br><br>1035 RED BUD ROAD<br>CALHOUN, GA 30701<br>58-1425000                                  | OPERATION OF HOSPITAL &<br>RELATED SERVICES         | GA  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |
| (7) ADVENTIST HLTH SYSTEMSUNBELT INC<br><br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-1479658                              | OPERATION OF HOSPITAL &<br>RELATED SERVICES         | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |
| (8) ADVENTIST HLTH SYSTEMTEXAS INC<br><br>11801 S FREEWAY<br>BURLESON, TX 36028<br>74-2578952                                      | LEASING PERSONNEL TO<br>AFFILIATED HOSPITAL         | TX  | 501(C)(3)                     | LINE 11C, III-FI  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |
| (9) ADVENTIST HINSDALE HOSPITAL<br><br>120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>36-2276984                                    | OPERATION OF HOSPITAL &<br>RELATED SERVICES         | IL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (10) ADVENTIST UNIVERSITY OF HEALTH SCIENCES<br>INC (630 YEAR END)<br><br>671 LAKE WINYAH DRIVE<br>ORLANDO, FL 32803<br>59-3069793 | EDUCATION/OPERATION OF<br>SCHOOL                    | FL  | 501(C)(3)                     | LINE 2  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (11) AHS MIDWEST MANAGEMENT INC<br><br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>36-3354567                          | OPERATION OF PHYSICIAN<br>PRACTICE MGMT             | IL  | 501(C)(3)                     | LINE 11A, I   | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (12) AHSCENTRAL TEXAS INC<br><br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2621825                                     | PROVIDE OFFICE SPACE -<br>MEDICAL PROFESSIONALS     | TX  | 501(C)(3)                     | LINE 11C, III-FI  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |
| (13) APOPKA HLTH CARE PROPERTIES INC<br><br>305 E OAK STREET<br>APOPKA, FL 32703<br>51-0605694                                     | LEASE TO RELATED<br>ORGANIZATION                    | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |
| (14) BATTLE CREEK ADVENTIST HOSPITAL<br><br>1000 REMINGTON BLVD STE 200<br>BOLINGBROOK, IL 60440<br>38-1359189                     | INACTIVE  | MI  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |
| (15) BOLINGBROOK HOSPITAL FOUNDATION<br><br>1000 REMINGTON BLVD N ENTRANCE 2ND<br>BOLINGBROOK, IL 60440<br>90-0494445              | FUND-RAISING FOR TAX-<br>EXEMPT HOSPITAL            | IL  | 501(C)(3)                     | LINE 7  | MIDWEST HLTH<br>FOUNDATION                        | No   |
| (16) BRADFORD HEIGHTS HLTH & REHAB CENTER INC<br><br>950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>20-5782342                   | OPERATION OF HOME FOR THE<br>AGED/HLTHCARE DELIVERY | KY  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |
| (17) BURLESON NURSING & REHAB CENTER INC<br><br>301 HUGULEY BLVD<br>BURLESON, TX 76028<br>20-5782243                               | OPERATION OF HOME FOR THE<br>AGED/HLTHCARE DELIVERY | TX  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |
| (18) CALDWELL HLTH CARE PROPERTIES INC<br><br>1333 WEST MAIN<br>PRINCETON, KY 42445<br>51-0605680                                  | LEASE TO RELATED<br>ORGANIZATION                    | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |
| (19) CENTRAL TEXAS HLTHCARE COLLABORATIVE<br><br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>45-3739929                     | SUPPORT OPERATION OF<br>HOSPITAL                    | TX  | 501(C)(3)                     | LINE 11A, I   | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations   |  |   |   |                         |  |   |   |    |
|--|--|---|---|-------------------------|--|---|---|----|
| (a) Name, address, and EIN of related organization   |  | (b) Primary activity                                | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity               | (g) Section 512(b)(13) controlled entity? |    |
|  |  |   |   |                         |  |   | Yes                                       | No |
| (21) CENTRAL TEXAS MEDICAL CENTER FOUNDATION<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2259907                |  | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | TX  | 501(C)(3)               | LINE 7   |   |   | No |
| (1) CHICKASAW HLTH CARE PROPERTIES INC<br>250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>51-0605681                           |  | LEASE TO RELATED ORGANIZATION                       | GA  | 501(C)(3)               | LINE 11C, III-FI                                 | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (2) CHIPPEWA VALLEY HOSPITAL & OAKVIEW CARE CENTER INC<br>1220 THIRD AVENUE WEST<br>DURAND, WI 54736<br>39-1365168           |  | OPERATION OF HOSPITAL & RELATED SERVICES            | WI  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes                                       |    |
| (3) COBB MEDICAL ASSOCIATES LLC<br>3949 SOUTH COBB DRIVE SE<br>SMYRNA, GA 30080<br>58-2617089                                |  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | GA  | 501(C)(3)               | LINE 3   | EMORY-ADVENTIST INC                         | Yes                                       |    |
| (4) COURTLAND HLTH CARE PROPERTIES INC<br>730 COURTLAND STREET<br>ORLANDO, FL 32804<br>51-0605682                            |  | LEASE TO RELATED ORGANIZATION                       | GA  | 501(C)(3)               | LINE 11C, III-FI                                 | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (5) CREEKWOOD PLACE NURSING & REHAB CENTER INC<br>683 E THIRD STREET<br>RUSSELLVILLE, KY 42276<br>20-5782260                 |  | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | KY  | 501(C)(3)               | LINE 9   | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (6) DAIRY ROAD HLTH CARE PROPERTIES INC<br>7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>51-0605684                            |  | LEASE TO RELATED ORGANIZATION                       | GA  | 501(C)(3)               | LINE 11C, III-FI                                 | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (7) EAST ORLANDO HLTH & REHAB CENTER INC<br>250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>20-5774748                         |  | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL  | 501(C)(3)               | LINE 9   | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (8) EMORY-ADVENTIST INC<br>3949 SOUTH COBB DRIVE<br>SMYRNA, GA 30080<br>58-2171011   |  | OPERATION OF HOSPITAL & RELATED SVCS                | GA  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes                                       |    |
| (9) FLETCHER HOSPITAL INC<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>56-0543246                                    |  | OPERATION OF HOSPITAL & RELATED SVCS                | NC  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes                                       |    |
| (10) FLNC INC<br>3355 E SEMORAN BLVD<br>APOPKA, FL 32703<br>20-5774761   |  | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL  | 501(C)(3)               | LINE 9   | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (11) FLORIDA HOSPITAL HEALTHCARE PARTNERS INC<br>770 WEST GRANADA BLVD 101<br>ORMOND BEACH, FL 32174<br>46-2354804           |  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes                                       |    |
| (12) FLORIDA HOSPITAL MEDICAL GROUP INC<br>2600 WESTHALL LN<br>MAITLAND, FL 32751<br>59-3214635                              |  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes                                       |    |
| (13) FLORIDA HOSPITAL PHYSICIAN GROUP INC<br>14055 RIVEREDGE DRIVE STE 250<br>TAMPA, FL 33637<br>46-2021581                  |  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes                                       |    |
| (14) FLORIDA HOSPITAL WATERMAN INC<br>1000 WATERMAN WAY<br>TAVARES, FL 32778<br>59-3140669                                   |  | OPERATION OF HOSPITAL & RELATED SERVICES            | FL  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes                                       |    |
| (15) FLORIDA HOSPITAL ZEPHYRHILLS INC<br>7050 GALL BLVD<br>ZEPHYRHILLS, FL 33541<br>59-2108057                               |  | OPERATION OF HOSPITAL & RELATED SERVICES            | FL  | 501(C)(3)               | LINE 3   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes                                       |    |
| (16) FOUNDATION FOR SHAWNEE MISSION MEDICAL CENTER INC<br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0868859      |  | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | KS  | 501(C)(3)               | LINE 11A, I                                      | SHAWNEE MISSION MEDICAL CENTER INC          | Yes                                       |    |
| (17) FOUNTAIN INN NURSING & REHAB CENTER INC<br>(1024-123114)<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2180518 |  | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL  | 501(C)(3)               | LINE 9   | SUNBELT HLTH CARE CENTERS INC               | Yes                                       |    |
| (18) GLENOAKS HOSPITAL FOUNDATION<br>701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3926044                         |  | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | IL  | 501(C)(3)               | LINE 7   | MIDWEST HLTH FOUNDATION                     |   | No |
| (19) HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY INC<br>1395 S PINELAS AVE<br>TARPON SPRINGS, FL 34689<br>59-2106043             |  | FUND-RAISING FOR TAX-EXEMPT HOSPITAL/FOUNDATION     | FL  | 501(C)(3)               | LINE 11C, III-FI                                 |   |   | No |

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                                    | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501<br>(c)(3)) | (f)<br>Direct controlling<br>entity               | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|---|--|----|
|   |  |   |                               |   |   | Yes  | No |
| (41) HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION INC<br><br>1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-3690149          | FUND-RAISING FOR<br>TAX-EXEMPT HOSPITAL                    | FL  | 501(C)(3)                     | LINE 11C, III-FI  |   |  |    |
| (1) HINSDALE HOSPITAL FOUNDATION<br><br>7 SALT CREEK LANE SUITE 203<br>HINSDALE, IL 60521<br>52-1466387                         | FUND-RAISING FOR<br>TAX-EXEMPT HOSPITAL                    | IL  | 501(C)(3)                     | LINE 7  | MIDWEST HLTH<br>FOUNDATION                        | No   |    |
| (2) HOSPICE OF THE COMFORTER INC<br><br>480 W CENTRAL PARKWAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2935928                      | OPERATION OF<br>HOSPICE                                    | FL  | 501(C)(3)                     | LINE 9  | THE COMFORTER<br>HEALTH CARE GROUP<br>INC         | Yes  |    |
| (3) HOSPICE OF THE COMFORTER FOUNDATION INC<br><br>480 W CENTRAL PARKWAY<br>ALTAMONTE SPRINGS, FL 32714<br>27-1858033           | FUND RAISING FOR<br>AFFILIATED TAX-<br>EXEMPT HOSPICE      | FL  | 501(C)(3)                     | LINE 7  | THE COMFORTER<br>HEALTH CARE GROUP<br>INC         | Yes  |    |
| (4) IN-MOTION REHAB INC<br><br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>20-8023411                                  | THERAPY SERVICES TO<br>TAX EXEMPT NURSING<br>HOMES         | KS  | 501(C)(3)                     | LINE 11B, II  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |    |
| (5) JELLICO COMMUNITY HOSPITAL INC<br><br>188 HOSPITAL LANE<br>JELLICO, TN 37762<br>62-0924706                                  | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | TN  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |    |
| (6) LA GRANGE MEMORIAL HOSPITAL FOUNDATION<br><br>5101 S WILLOW SPRINGS RD<br>LA GRANGE, IL 60525<br>30-0247776                 | FUND-RAISING FOR<br>TAX-EXEMPT HOSPITAL                    | IL  | 501(C)(3)                     | LINE 7  | MIDWEST HLTH<br>FOUNDATION                        | No   |    |
| (7) LAKE COUNTY HEALTH CARE PROPERTIES INC (1017-<br>123114)<br><br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2179868 | LEASE TO RELATED<br>ORGANIZATION                           | FL  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |    |
| (8) MEMORIAL HLTH SYSTEMS FOUNDATION INC<br><br>770 WEST GRANADA BLVD<br>ORMOND BEACH, FL 32174<br>31-1771522                   | FUND-RAISING FOR<br>TAX-EXEMPT HOSPITAL                    | FL  | 501(C)(3)                     | LINE 7  |   | No   |    |
| (9) MEMORIAL HLTH SYSTEMS INC<br><br>301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-0973502                      | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes  |    |
| (10) MEMORIAL HOSPITAL - WEST VOLUSIA INC<br><br>701 WEST PLYMOUTH AVENUE<br>DELAND, FL 32720<br>59-3256803                     | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | FL  | 501(C)(3)                     | LINE 3  | MEMORIAL HLTH<br>SYSTEMS INC                      | Yes  |    |
| (11) MEMORIAL HOSPITAL FLAGLER INC<br><br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2951990                     | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | FL  | 501(C)(3)                     | LINE 3  | MEMORIAL HLTH<br>SYSTEMS INC                      | Yes  |    |
| (12) MEMORIAL HOSPITAL INC<br><br>210 MARIE LANGDON DRIVE<br>MANCHESTER, KY 40962<br>61-0594620                                 | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | KY  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |    |
| (13) MERRIAM HLTH CARE PROPERTIES INC<br><br>9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>36-4595806                           | LEASE TO RELATED<br>ORGANIZATION                           | KS  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |    |
| (14) METROPLEX ADVENTIST HOSPITAL INC<br><br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>74-2225672                         | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES             | TX  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |    |
| (15) METROPLEX CLINIC PHYSICIANS INC<br><br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>11-3762050                          | PHYSICIAN HLTHCARE<br>SERVICES TO THE<br>COMMUNITY         | TX  | 501(C)(3)                     | LINE 3  | METROPLEX ADVENTIST<br>HOSPITAL INC               | Yes  |    |
| (16) METROPLEX HOSPITAL INC<br><br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>46-1256516                                    | FUTURE OPERATION OF<br>HOSPITAL & RELATED<br>SVCS          | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes  |    |
| (17) MIDWEST HLTH FOUNDATION<br><br>120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>35-2230515                                    | SUPPORT OF<br>SUBSIDIARY<br>FOUNDATIONS                    | IL  | 501(C)(3)                     | LINE 11B, II  | N/A   | No   |    |
| (18) MILLS HLTH & REHAB CENTER INC<br><br>500 BECK LANE<br>MAYFIELD, KY 42066<br>20-5782320                                     | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY  | KY  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |    |
| (19) MISSION STRATEGIES OF GEORGIA INC<br><br>3949 S COBB DRIVE<br>SMYRNA, GA 30080<br>90-0866024                               | PROVISION OF<br>SUPPORT TO THE<br>NURSING HOME<br>DIVISION | GA  | 501(C)(3)                     | LINE 11B, II  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes  |    |

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                    | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501<br>(c)(3)) | (f)<br>Direct controlling<br>entity         | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |
|--|--|---|-------------------------------|---|---|--|
|  |  |   |                               |   |   | Yes      No  |
| (61) MISSOURI ADVENTIST HLTH INC<br><br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>43-1224729  | SUPPORT HLTH CARE SERVICES                                 | MO  | 501(C)(3)                     | LINE 11D, III-O   | ADVENTIST HLTH MID-AMERICA INC              | Yes  |
| (1) NORTH REGIONAL EMS INC<br><br>188 HOSPITAL LANE<br>JELlico, TN 37762<br>26-2653616   | EMS SERVICES   | TN  | 501(C)(3)                     | LINE 9  | JELlico COMMUNITY HOSPITAL INC              | Yes  |
| (2) ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY INC<br><br>301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-1721962                | VOLUNTEER SUPPORT SERVICES                                 | FL  | 501(C)(3)                     | LINE 11C, III-FI  |   | No   |
| (3) OVERLAND PARK NURSING & REHAB CENTER INC<br><br>6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>20-5774821                           | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | KS  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (4) PARAGON HLTH CARE PROPERTIES INC<br><br>950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>51-0605686                                      | LEASE TO RELATED ORGANIZATION                              | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (5) PASCO-PINELLAS HILLSBOROUGH COMMUNITY HLTH SYSTEM INC<br><br>2600 BRUCE B DOWNS BLVD<br>WESLEY CHAPEL, FL 33544<br>20-8488713            | OPERATION OF HOSPITAL & RELATED SERVICES                   | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes  |
| (6) PORTERCARE ADVENTIST HLTH SYSTEM (630 YEAR END)<br><br>2525 S DOWNING STREET<br>DENVER, CO 80210<br>84-0438224                           | OPERATION OF HOSPITAL & RELATED SERVICES                   | CO  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes  |
| (7) PRINCETON HLTH & REHAB CENTER INC<br><br>1333 WEST MAIN<br>PRINCETON, KY 42445<br>20-5782272   | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | KY  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (8) PRINCETON PROFESSIONAL SERVICES INC<br><br>601 E ROLLINS STREET<br>ORLANDO, FL 32803<br>59-1191045                                       | PROVISION OF HLTHCARE SERVICES                             | FL  | 501(C)(3)                     | LINE 9  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes  |
| (9) QUALITY CIRCLE FOR HLTHCARE INC<br><br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>26-3789368   | HLTHCARE QUALITY SERVICES                                  | FL  | 501(C)(3)                     | LINE 11A, I   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes  |
| (10) RESOURCE PERSONNEL INC<br><br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>20-8040875   | PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES | FL  | 501(C)(3)                     | LINE 11B, II  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (11) ROCKY MOUNTAIN ADVENTIST HLTHCARE FOUNDATION (630 YEAR END)<br><br>7995 E PRENTICE AVE 204<br>GREENWOOD VILLAGE, CO 80111<br>84-0745018 | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                       | CO  | 501(C)(3)                     | LINE 7  |   | No   |
| (12) ROLLINS BROOK COMMUNITY CARE CORP<br><br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>46-1656773                                     | INACTIVE   | TX  | 501(C)(3)                     | LINE 11A, I   | ADVENTIST HLTH SYSTEM SUNBELT INC           | Yes  |
| (13) RUSSELLVILLE HLTH CARE PROPERTIES INC<br><br>683 EAST THIRD STREET<br>RUSSELLVILLE, KY 42276<br>51-0605691                              | LEASE TO RELATED ORGANIZATION                              | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (14) SAN MARCOS HLTH CARE PROPERTIES INC<br><br>1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>51-0605693                                   | LEASE TO RELATED ORGANIZATION                              | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (15) SAN MARCOS NURSING & REHAB CENTER INC<br><br>1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>20-5782224                                 | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | TX  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (16) SHAWNEE MISSION HLTH CARE INC<br><br>6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>48-0952508                                     | LEASE TO RELATED ORGANIZATION                              | KS  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE CENTERS INC               | Yes  |
| (17) SHAWNEE MISSION MEDICAL CENTER INC<br><br>9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0637331                                 | OPERATION OF HOSPITAL & RELATED SERVICES                   | KS  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH MID-AMERICA INC              | Yes  |
| (18) SOUTH CENTRAL INC<br><br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-3689740  | MANAGEMENT SUPPORT   | GA  | 501(C)(3)                     | LINE 11C, III-FI  | N/A   | No   |
| (19) SOUTH PASCO HLTH CARE PROPERTIES INC<br><br>38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>51-0605679                                       | LEASE TO RELATED ORGANIZATION                              | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE CENTERS INC               | Yes  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations   |   |   |                               |   |   |     | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |
|--|---|---|-------------------------------|---|---|-----|--|
| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity                                   | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501<br>(c)(3)) | (f)<br>Direct controlling<br>entity               |     |  |
| (81) SOUTHWEST VOLUSIA HLTH SERVICES INC<br>1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3281591                                     | MEDICAL OFFICE<br>BUILDING FOR<br>HOSPITAL                | FL  | 501(C)(3)                     | LINE 11A, I   | SOUTHWEST VOLUSIA<br>HLTHCARE CORP                | Yes | No   |
| (1) SOUTHWEST VOLUSIA HLTHCARE CORP<br>1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3149293  | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES            | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes |  |
| (2) SPECIALTY PHYSICIANS OF CENTRAL TEXAS INC<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>20-8814408                         | PHYSICIAN HLTHCARE<br>SERVICES TO THE<br>COMMUNITY        | TX  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes |  |
| (3) SPRING VIEW HLTH & REHAB CENTER INC<br>718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>20-5782288                                     | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | KY  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (4) SUNBELT HLTH & REHAB CENTER - APOPKA INC<br>305 EAST OAK STREET<br>APOPKA, FL 32703<br>20-5774856                                  | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | FL  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (5) SUNBELT HLTH CARE CENTERS INC<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>58-1473135                                   | MANAGEMENT<br>SERVICES                                    | TN  | 501(C)(3)                     | LINE 11B, II  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes |  |
| (6) SUNSYSTEM DEVELOPMENT CORP<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2219301  | FUND RAISING FOR<br>AFFILIATED TAX-<br>EXEMPT HOSPITALS   | FL  | 501(C)(3)                     | LINE 7  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes |  |
| (7) TAKOMA REGIONAL HOSPITAL INC (630 YEAR END)<br>401 TAKOMA AVE<br>GREENEVILLE, TN 37743<br>51-0603966                               | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES            | TN  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC               | Yes |  |
| (8) TAKOMA REGIONAL HOSPITAL FOUNDATION INC (710-123114)<br>401 TAKOMA AVE<br>GREENEVILLE, TN 37743<br>47-1334302                      | FUND RAISING FOR<br>AFFILIATED TAX-<br>EXEMPT HOSPITAL    | TN  | 501(C)(3)                     | LINE 7  | TAKOMA REGIONAL<br>HOSPITAL INC                   | Yes |  |
| (9) TARPON SPRINGS HOSPITAL FOUNDATION INC<br>1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-0898901                            | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES            | FL  | 501(C)(3)                     | LINE 3  | UNIVERSITY<br>COMMUNITY HOSPITAL<br>INC           | Yes |  |
| (10) TARRANT COUNTY HLTH CARE PROPERTIES INC<br>301 HUGULEY BLVD<br>BURLESON, TX 76028<br>51-0605677                                   | LEASE TO RELATED<br>ORGANIZATION                          | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (11) TAYLOR CREEK HLTH CARE PROPERTIES INC<br>718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>51-0605678                                  | LEASE TO RELATED<br>ORGANIZATION                          | GA  | 501(C)(3)                     | LINE 11C, III-FI  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (12) THE COMFORTER HEALTH CARE GROUP INC<br>605 MONTGOMERY ROAD<br>ALTAMONTE SPRINGS, FL 32714<br>27-1857940                           | LEASE TO RELATED<br>ORGANIZATION                          | FL  | 501(C)(3)                     | LINE 11C, III-FI  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes |  |
| (13) THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL<br>- FLAGLER INC<br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2486582 | VOLUNTEER SUPPORT<br>SERVICES                             | FL  | 501(C)(3)                     | LINE 11C, III-FI  |   | No  |  |
| (14) TRI-COUNTY NURSING AND REHAB CENTER INC (1030-123114)<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804<br>47-2219363              | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | FL  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (15) TRINITY NURSING & REHAB CENTER INC<br>9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>20-5774890                                    | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | KS  | 501(C)(3)                     | LINE 9  | SUNBELT HLTH CARE<br>CENTERS INC                  | Yes |  |
| (16) UNIVERSITY COMMUNITY HOSPITAL FOUNDATION<br>INC<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-2554889                           | FUND-RAISING FOR<br>TAX-EXEMPT HOSPITAL                   | FL  | 501(C)(3)                     | LINE 11A, I   |   | No  |  |
| (17) UNIVERSITY COMMUNITY HOSPITAL SPECIALTY<br>CARE INC<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-3231322                       | INACTIVE  | FL  | 501(C)(3)                     | LINE 11A, I   | UNIVERSITY<br>COMMUNITY HOSPITAL<br>INC           | Yes |  |
| (18) UNIVERSITY COMMUNITY HOSPITAL INC<br>3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-1113901   | OPERATION OF<br>HOSPITAL & RELATED<br>SERVICES            | FL  | 501(C)(3)                     | LINE 3  | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes |  |
| (19) WEST FLORIDA HEALTH HOME CARE INC FKA SOUTH<br>CENT NURS HOME PROP(11-1114)<br>PO BOX 1289<br>TAMPA, FL 33601<br>59-3686109       | WILL BE OPERATING<br>HOME HEALTH AGENCY                   | GA  | 501(C)(3)                     | LINE 11D, III-O   | ADVENTIST HLTH<br>SYSTEM SUNBELT<br>HLTHCARE CORP | Yes |  |

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

| (a)   | (b)   | (c)  | (d)                    | (e)  | (f)                              | (g)   |
|---|---|--|------------------------|--|----------------------------------|---|
| Name, address, and EIN of related organization  | Primary activity  | Legal domicile<br>(state<br>or foreign<br>country) | Exempt Code<br>section | Public charity<br>status<br>(if section 501(c)<br>(3)) | Direct controlling<br>entity     | Section 512<br>(b)(13)<br>controlled<br>entity? |
| Yes   | No  |  |                        |  |                                  |   |
| (101) WEST KENTUCKY HLTH CARE PROPERTIES INC<br><br>500 BECK LANE<br>MAYFIELD, KY 42066<br>51-0605676 | LEASE TO RELATED<br>ORGANIZATION                          | GA   | 501(C)(3)              | LINE 11C, III-FI                                       | SUNBELT HLTH<br>CARE CENTERS INC | Yes   |
| (1) ZEPHYR HAVEN HLTH & REHAB CENTER INC<br><br>38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>20-5774930 | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | FL   | 501(C)(3)              | LINE 9   | SUNBELT HLTH<br>CARE CENTERS INC | Yes   |
| (2) ZEPHYRHILLS HLTH & REHAB CENTER INC<br><br>7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>20-5774967 | OPERATION OF HOME<br>FOR THE<br>AGED/HLTHCARE<br>DELIVERY | FL   | 501(C)(3)              | LINE 9   | SUNBELT HLTH<br>CARE CENTERS INC | Yes   |

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal Domicile<br>(State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? | (k)<br>Percentage ownership |    |     |    |
|--|-------------------------|---|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|--|-------------------------------------|-----------------------------|----|-----|----|
|  |                         |   |                                  |   |                              |                                    |                                      |  |                                     | Yes                         | No | Yes | No |
| APPALACHIAN THERAPY SERVICES LLC<br><br>100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792<br>20-2463851            | THERAPY STAFFING        | NC  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| CLEAR CREEK MOB LTD<br><br>2201 S CLEAR CREEK RD KILLEEN, TX 76549<br>74-2609195                             | REAL ESTATE             | TX  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| ENDOSCOPY CENTER AT PORTER LLC<br><br>1001 SOUTH PARK DRIVE LITTLETON, CO 80120<br>20-5855038                | MEDICAL SERVICES        | CO  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| FLORIDA HOSPITAL DMERT LLC<br><br>2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL 32751<br>20-2392253         | MEDICAL EQUIPMENT       | FL  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| FLORIDA HOSPITAL HOME INFUSION LLP<br><br>2450 MAITLAND CENTER PKWY STE 200 MAITLAND, FL 32751<br>59-3142824 | HOME INFUSION SERVICES  | FL  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| PAHSUSP SURGERY CENTERS LLC<br><br>15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75010<br>26-3057950          | MEDICAL SERVICES        | CO  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| SAN MARCOS MRI LP<br><br>1330 WONDER WORLD DR STE 202 SAN MARCOS, TX 78666<br>77-0597972                     | IMAGING & TESTING       | TX  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |
| SHAWNEE MISSION OPEN MRI LLC<br><br>9100 W 74TH STREET BOX 2923 SHAWNEE MISSION, KS 66201<br>27-0011796      | IMAGING & TESTING       | KS  | N/A                              |   |                              |                                    |                                      |  |                                     |                             |    |     |    |

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

|  | (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal Domicile<br>(State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)<br>(13) controlled entity? |
|--|---|-------------------------|---|----------------------------------|---|------------------------------|------------------------------------|-----------------------------|--|
| <b>Yes</b>   | <b>No</b>   |                         |   |                                  |   |                              |                                    |                             |  |
| ALTAMONTE MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855792             | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| APOPKA MEDICAL PLAZA CONDOMINIUM ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-3000857                | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| CC MOB INC 2201 S CLEAR CREEK ROAD KILLEEN, TX 76549 74-2616875  | REAL ESTATE RENTAL                                    | TX                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| CENTRAL TEXAS MEDICAL ASSOCIATES 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2729873                             | PHYSICIAN CLINICS                                     | TX                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| CENTRAL TEXAS PROVIDER'S NETWORK 1301 WONDER WORLD DRIVE SAN MARCOS, TX 78666 74-2827652                             | PHYSICIAN HOSPITAL ORG                                | TX                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| FLORIDA HOSPITAL FLAGLER MEDICAL OFFICES ASSOCIATION INC 60 MEMORIAL MEDICAL PARKWAY PALM COAST, FL 32164 26-2158309 | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| FLORIDA HOSPITAL HEALTHCARE SYSTEM INC 602 COURTLAND STREET ORLANDO, FL 32804 59-3215680                             | PHO/TPA   | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| FLORIDA MEDICAL PLAZA CONDO ASSOCIATION INC 601 EAST ROLLINS STREET ORLANDO, FL 32803 59-2855791                     | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| FLORIDA MEMORIAL HEALTH NETWORK INC 770 W GRANADA BLVD STE 317 ORMOND BEACH, FL 32174 59-3403558                     | PHYSICIAN HOSPITAL ORG                                | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| HUGULEY ALLIANCE FOUNDATION (11-8414) 11801 SOUTH FREEWAY FORT WORTH, TX 76115 75-2642209                            | INACTIVE  | TX                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| KISSIMMEE MULTISPECIALTY CLINIC CONDOMINIUM ASSOCIATION INC 201 HILDA STREET SUITE 30 KISSIMMEE, FL 34741 59-3539564 | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| MIDWEST MANAGEMENT SERVICES INC 9100 WEST 74TH STREET SHAWNEE MISSION, KS 66204 48-0901551                           | REAL ESTATE RENTAL                                    | KS                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| NORTH AMERICAN HEALTH SERVICES INC & SUBS 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714 62-1041820                        | LESSOR/HOLDING CO                                     | TN                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| ORMOND PROF ASSOCIATES CONDO ASSOC'N INC (430 YR END) 770 W GRANADA BLVD STE 101 ORMOND BEACH, FL 32174 59-2694434   | CONDOS ASSOCIATION                                    | FL                      | N/A   | C                                |   |                              |                                    | Yes                         |  |
| PARK RIDGE PROPERTY OWNER'S ASSOCIATION INC 1 PARK PLACE NAPLES ROAD FLETCHER, NC 28732 03-0380531                   | CONDOS ASSOCIATION                                    | NC                      | N/A   | C                                |   |                              |                                    | Yes                         |  |

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal Domicile<br>(State or<br>Foreign<br>Country) | (d)<br>Direct Controlling<br>Entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|
| <b>Yes</b>  | <b>No</b>               |   |                                     |  |                                 |  |                                |   |
| PORTER AFFILIATED HLTH SERVICES INC DBA DIVERSIFIED AFFILIATED HLTH SVCS<br>2525 S DOWNTON STREET<br>DENVER, CO 80210<br>84-0956175 | HEALTHCARE SERVICES     | CO  | N/A                                 | C  |                                 |  |                                | Yes   |
| SAN MARCOS REGIONAL MRI INC<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>77-0597968  | HOLDING COMPANY         | TX  | N/A                                 | C  |                                 |  |                                | Yes   |
| THE GARDEN RETIREMENT COMMUNITY INC<br>602 COURTLAND STREET STE 200<br>ORLANDO, FL 32804<br>59-3414055                              | REAL ESTATE RENTAL      | FL  | N/A                                 | C  |                                 |  |                                | Yes   |
| WINTER PARK MEDICAL OFFICE BUILDING I CONDO ASSOC INC<br>200 LAKEMONT AVE<br>WINTER PARK, FL 32792<br>45-2228478                    | PHYSICIAN CLINICS       | FL  | N/A                                 | C  |                                 |  |                                | Yes   |