Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation
HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
% RICHARD ANDERSON

Number and street (or P O box number if mail is not delivered to street address)
4700 COUNTRY CLUB DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
JEFFERSON CITY, MO 65109

A Employer identification number
46-1181892

B Telephone number (see instructions)
(573) 893-5300

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 1,239,508

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) ______
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	257,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	211	211		
	4	Dividends and interest from securities	40,412	40,412		
	5a	Gross rents				
	b	Net rental income or (loss) ______				
	6a	Net gain or (loss) from sale of assets not on line 10	-5,024			
	b	Gross sales price for all assets on line 6a 1,000,000				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	292,599	40,623		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	7,207			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	1,300	0	0	0
	c	Other professional fees (attach schedule)	14,599			
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	151			
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	2,100			
	24	**Total operating and administrative expenses.** Add lines 13 through 23	25,357	0	0	0
	25	Contributions, gifts, grants paid	165,482			165,482
	26	**Total expenses and disbursements.** Add lines 24 and 25	190,839	0	0	165,482
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	101,760			
	b	**Net investment income** (if negative, enter -0-)		40,623		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II	**Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets 1	Cash—non-interest-bearing	4,630	71,253	71,253
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges	100		
10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule)	1,110,078	1,168,255	1,168,255
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	1,114,808	1,239,508	1,239,508
Liabilities 17	Accounts payable and accrued expenses	1,000	1,150	
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities** (add lines 17 through 22)	1,000	1,150	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶** ☐ **and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ **and complete lines 27 through 31.**			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	1,113,808	1,238,358	
30	**Total net assets or fund balances** (see instructions)	1,113,808	1,238,358	
31	**Total liabilities and net assets/fund balances** (see instructions)	1,114,808	1,239,508	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,113,808
2	Enter amount from Part I, line 27a	2	101,760
3	Other increases not included in line 2 (itemize) ▶	3	22,790
4	Add lines 1, 2, and 3	4	1,238,358
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,238,358

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SHORT TERM BOND LOSS	D	2015-09-28	2015-12-31
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	1,000,000		1,005,036	-5,024
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				-5,036
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-5,024
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	-5,024

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	140,406	0	0 0
2013	75,379	0	0 0
2012	0		0 0
2011			
2010			

2	**Total** of line 1, column (d)	2	0 0
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 0
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	0
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	406
7	Add lines 5 and 6	7	406
8	Enter qualifying distributions from Part XII, line 4	8	165,482

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter ___________ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	406
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2.	3	406
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	406
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a		
b	Exempt foreign organizations—tax withheld at source . . . . — 6b		
c	Tax paid with application for extension of time to file (Form 8868). . . — 6c		
d	Backup withholding erroneously withheld . . . . — 6d		
7	Total credits and payments Add lines 6a through 6d.	7	0
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** . . . . ▶	9	406
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**. . . ▶	10	
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?.	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ ____________ **(2)** On foundation managers ▶ $ ____________			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ ____________			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			

14 The books are in care of ▶RICHARD ANDERSON Telephone no ▶(573) 893-5300

Located at ▶4700 COUNTRY CLUB DRIVE Jefferson City MO ZIP+4 ▶65109

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ | 15 |

			Yes	No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

				Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				
1a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions).		2b		No
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2015 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)*.		3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(Continued)*

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☑ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? **5b** | |

Organizations relying on a current notice regarding disaster assistance check here ▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** | | No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation

Total number of others receiving over $50,000 for professional services. . . . . ▶	

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE	0
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 . . . . ▶	

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	0
c	Fair market value of all other assets (see instructions).	1c	0
d	**Total** (add lines 1a, b, and c).	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 1e		
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	0
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	0
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	**Minimum investment return.** Enter 5% of line 5.	6	0

Part XI Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☑ and do not complete this part.)

1	Minimum investment return from Part X, line 6.			1	
2a	Tax on investment income for 2015 from Part VI, line 5.	2a			
b	Income tax for 2015 (This does not include the tax from Part VI).	2b			
c	Add lines 2a and 2b.			2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.			3	
4	Recoveries of amounts treated as qualifying distributions.			4	
5	Add lines 3 and 4.			5	
6	Deduction from distributable amount (see instructions).			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.			7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	165,482
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	165,482
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	406
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4.	6	165,076

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7					0
2 Undistributed income, if any, as of the end of 2015					
a Enter amount for 2014 only.				0	
b Total for prior years 2013 , 2012 , 2011			0		
3 Excess distributions carryover, if any, to 2015					
a From 2010.					
b From 2011.					
c From 2012.	0				
d From 2013.	75,480				
e From 2014.	140,546				
f **Total** of lines 3a through e.		216,026			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 165,482					
a Applied to 2014, but not more than line 2a				0	
b Applied to undistributed income of prior years (Election required—see instructions).					
c Treated as distributions out of corpus (Election required—see instructions).					
d Applied to 2015 distributable amount.					
e Remaining amount distributed out of corpus		165,482			
5 Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*					
6 **Enter the net total of each column as indicated below:**					
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		381,508			
b Prior years' undistributed income Subtract line 4b from line 2b			0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.					
d Subtract line 6c from line 6b Taxable amount —see instructions			0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015					0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)					
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . .					
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a		381,508			
10 Analysis of line 9					
a Excess from 2011. . . .					
b Excess from 2012. . . .	0				
c Excess from 2013. . . .	75,480				
d Excess from 2014. . . .	140,546				
e Excess from 2015. . . .	165,482				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	165,482	140,546	75,480	0	381,508
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	165,482	140,546	75,480	0	381,508
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	1,239,508	1,114,808	914,357	500,000	3,768,673
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . ▶ **3a**				165,482
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					211
4 Dividends and interest from securities. . .					40,412
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .					40,623

13 Total. Add line 12, columns (b), (d), and (e). **13** 40,623

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☑ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
MO HOSPITAL PLAN	501(C)(4)	AFFILIATE

Sign Here

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

****** | 2016-05-16 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
ALAN J FINE				P00557771

Firm's name ▶ BROWN SMITH WALLACE LLP

Firm's EIN ▶

Firm's address ▶ 6 CITYPLACE DRIVE SUITE 900 ST LOUIS, MO 63141

Phone no (573) 893-5300

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
John C Grossmeier PO Box 551 Highway 36 West Hannibal, MO 63401	Director 1 0	0		
Donald J Babb 1500 North Oakland Bolivar, MO 65613	Director 1 0	0		
Gary D Duncan 1437 Crestwood Drive Joplin, MO 64801	Director 1 0	0		
Judith K Feuquay 800 South Ash Street Nevada, MO 64772	Director 1 0	0		
Herbert B Kuhn 4712 Country Club Drive Jefferson City, MO 65109	Director 1 0	0		
Diane L Light 1125 Madison Suite C Jefferson City, MO 65109	Director 1 0	0		
Joseph B Moody 4700 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109	President 1 0	12,000		
Dana L Frese 4700 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109	Vice President 1 0	12,000		
Richard G Anderson 4700 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109	Treasurer & Secretary 1 0	12,000		
Jennifer Wilbers 4700 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109	Executive Director 1 0	12,000		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BJC HEALTHCARE 8300 EAGER ROAD STE 600A ST LOUIS, MO 63144		NC	Scholarship	27,000
BOTHWELL REGIONAL HEALTH CENTER 601 EAST 14TH STREET SEDALIA, MO 65301		NC	Scholarship	2,500
CAPITAL REGION MEDICAL CENTER 1125 MADISON STREET JEFFERSON CITY, MO 65101		NC	Scholarship	2,041
CARROLL COUNTY MEMORIAL HOSPITAL 1502 NORTH JEFFERSON STREET CARROLLTON, MO 64633		NC	Scholarship	3,000
CASS REGIONAL MEDICAL CENTER 2800 EAST ROCK HAVEN ROAD HARRISIONVILLE, MO 64701		NC	Scholarship	3,000
CEDAR COUNTY MEMORIAL HOSPITAL 1401 SOUTH PARK STREET EL DORADO SPRINGS, MO 64744		NC	Scholarship	1,665
FITZGIBBON HOSPITAL 2305 SOUTH HIGHWAY 65 MARSHALL, MO 65340		NC	Scholarship	3,000
FREEMAN HEALTH SYSTEM 1102 WEST 32ND STREET JOPLIN, MO 64804		NC	Scholarship	6,000
HANNIBAL REGIONAL HEALTHCARE 6000 HOSPITAL DRIVE HANNIBAL, MO 63401		NC	Scholarship	3,000
HEARTLAND HEALTH 5325 FARAON STREET ST JOSEPH, MO 64506		NC	Scholarship	3,000
HERMANN AREA DISTRICT HOSPITAL 509 WEST 18TH STREET HERMANN, MO 65041		NC	Scholarship	3,000
MADISON MEMORIAL HOSPITAL 611 WEST MAIN STREET FREDERICKTOWN, MO 63645		NC	Scholarship	3,000
MISSOURI DELTA MEDICAL CENTER 1008 NORTH MAIN STREET SIKESTON, MO 63801		NC	Scholarship	3,000
NEVADA CITY HOSPITAL DBA 800 SOUTH ASH STREET NEVADA, MO 64773		NC	Scholarship	3,000
NORTHWEST MEDICAL CENTER ASSOCIATION INC 705 NORTH COLLEGE STREET ALBANY, MO 64402		NC	Scholarship	3,000
Total . . . . ▶ **3a**				165,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERRY COUNTY MEMORIAL HOSPITAL 434 NORTH WEST STREET PERRYVILLE, MO 63775		NC	Scholarship	3,000
PUTNAM COUNTY MEMORIAL HOSPITAL 1926 OAK STREET UNIONVILLE, MO 63565		NC	Scholarship	3,000
SALEM MEMORIAL DISTRICT HOSPITAL 35629 HIGHWAY 79 SALEM, MO 65560		NC	Scholarship	1,100
SAMARITAN MEMORIAL HOSPITAL 1205 NORTH MISSOURI STREET MACON, MO 63552		NC	Scholarship	3,000
SCOTLAND COUNTY MEMORIAL HOSPITAL 450 EAST SIGLER AVENUE MEMPHIS, MO 63555		NC	Scholarship	3,000
SOUTHEAST MISSOURI HOSPITAL ASSOCIATION 1701 LACEY STREET CAPE GIRARDEAU, MO 63701		NC	Scholarship	12,000
TEXAS COUNTY MEMORIAL HOSPITAL 1333 SOUTH SAM HOUSTON BLVD HOUSTON, MO 65483		NC	Scholarship	3,000
WASHINGTON COUNTY MEMORIAL HOSPITAL 300 HEALTH WAY POTOSI, MO 63664		NC	Scholarship	3,000
WESTERN MISSOURI MEDICAL CENTER 403 BURKARTH ROAD WARRENSBURG, MO 64093		NC	Scholarship	3,000
BARTON COUNTY MEMORIAL HOSPITAL 29 NW 1st LANE LAMAR, MO 64759		NC	Scholarship	3,000
CAMERON REG MED CENTER INC P O BOX 557 CAMERON, MO 64429		NC	Scholarship	3,000
GOLDEN VALLEY MEMORIAL HOSP 1600 NORTH SECOND ST CLINTON, MO 64735		NC	Scholarship	3,000
HARRISON COUNTY COMM HOSP DST P O BOX 428 BETHANY, MO 64424		NC	Scholarship	1,000
PERSHING MEMORIAL HOSPITAL 130 EAST LOCKLING BROOKFIELD, MO 64628		NC	Scholarship	3,000
SLHS - CRITTENTON CHILDREN'S 10918 ELM AVE KANSAS CITY, MO 64134		NC	Scholarship	3,000
Total . . . . ▶ **3a**				165,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLHS - HEDRICK CHILLICOTHE 2799 NORTH WASHINGTON STREET CHILLICOTHE,MO 64601		NC	Scholarship	3,000
STE GENEVIEVE COUNTY MEM HOSP 800 STE GENEVIEVE DR STE GENEVIEVE,MO 63670		NC	Scholarship	3,000
CITIZENS MEMORIAL HOSP DIST 1500 NORTH OAKLAND BOLIVAR,MO 65613		NC	Scholarship	3,000
AMERICAN HEART ASSOCIATION 460 NORTH LINDBERGH BLVD SAINT LOUIS,MO 63141		NC	Gift	700
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE 140 SAINT LOUIS,MO 63110		NC	Gift	1,000
HANNIBAL REG HOSP FOUNDATION PO BOX 551 HANNIBAL,MO 63401		NC	Gift	2,000
HANNIBAL FREE CLINIC 3145 HIGHWAY 61 NORTH HANNIBAL,MO 63401		NC	Gift	1,000
HEARTLAND CHRISTIAN SCHOOL 810 SOUTH CEDAR STREET BELTON,MO 64012		NC	Gift	75
JEFFERSON CITY RAPE & ABUSE CRISIS SERVICE PO BOX 416 JEFFERSON CITY,MO 65102		NC	Gift	385
JEFFERSON CITY YMCA 525 ELLIS BLVD JEFFERSON CITY,MO 65101		NC	Gift	250
LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH,MO 650650187		NC	Scholarship	3,000
LEUKEMIA & LYMPHOMA SOCIETY - GATEWAY CHAPTERETY 1972 INNERBELT BUSINESS CTR DRIVE SAINT LOUIS,MO 63114		NC	Gift	500
MOSS HOUSE 415 NORTH MAIN STREET NEVADA,MO 64772		NC	Gift	150
NORTHWEST MED CTR ASSN INC DBA NORTHWEST MEDICAL CENTER 705 NORTH COLLEGE ALBANY,MO 64402		NC	Gift	1,500
THE SALVATION ARMY 927 JEFFERSON STREET JEFFERSON CITY,MO 65101		NC	Gift	500
Total . . . . ▶ **3a**				165,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN CENTER PO BOX 1687 JEFFERSON CITY, MO 65102		NC	Gift	1,750
SAMARITAN MEM HOSP FOUNDATION 1205 NORTH MISSOURI MACON, MO 63552		NC	Gift	1,000
EXCELSIOR SPRINGS HOSPITAL 1700 RAINBOW BLVD EXCELSIOR SPRINGS, MO 64024		NC	Scholarship	3,000
IRON COUNTY MEDICAL CENTER 301 N HWY 21 PO BOX 548 PILOT KNOB, MO 63663		NC	Scholarship	3,000
RAY COUNTY MEMORIAL HOSPITAL 904 WOLLARD BLVD RICHMOND, MO 64085		NC	Scholarship	2,111
SULLIVAN COUNTY MEMORIAL HOSPITAL 630 WEST THIRD STREET MILAN, MO 63556		NC	Scholarship	3,000
CENTER FOR PATIENT SAFETY 2410A HYDE PARK RD JEFFERSON CITY, MO 65109		NC	Gift	750
COMMUNITY WELLNESS MISSION 4700 COUNTRY CLUB DRIVE JEFFERSON CITY, MO 65109		NC	Gift	1,250
CRITTENTON CHILDREN'S CENTER 10918 ELM AVE KANSAS CITY, MO 64134		NC	Gift	55
GOOD SHEPARD CENTER 1117 E ADAMS ST LINN, MO 65051		NC	Gift	360
MADISON COUNTY FOUNDATION FOR HEALTH 806 W COLLEGE AVE FREDERICK, MO 63645		NC	Gift	500
OSAGE COUNTY MISSOURI - FOOD PANTRY 1117 ADAMS STREET LINN, MO 65051		NC	Gift	75
SOUTHEAST MISSOURI FAMILY VIOLENCE COUNCIL PO BOX 465 BONNE TERRE, MO 63628		NC	Gift	100
SPECIAL EDUCATION ENRICHMENT FOUNDATION PO BOX 703 LAFAYETTE, CA 94549		NC	Gift	200
FOOD BANK OF CENTRAL & NE MISSOURI 2010 VANDIVER DRIVE COLUMBIA, MO 65202		NC	Gift	120
Total . . . . ▶ **3a**				165,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY 910 N 11TH STREET SAINT LOUIS,MO 63101		NC	Gift	1,445
PCHS CHILDREN'S HEALTHCARE FUND 434 N WEST STREET PERRYVILLE,MO 63775		NC	Gift	300
CAPITAL REGION MEDICAL CENTER 1125 MADISON STREET JEFFERSON CITY,MO 65101		NC	Gift	1,000
CARROLL COUNTY MEMORIAL HOSPITAL 1502 NORTH JEFFERSON STREET CARROLLTON,MO 64633		NC	Gift	1,000
FITZGIBBON HOSPITAL 2305 SOUTH HIGHWAY 65 MARSHALL,MS 65340		NC	Gift	1,100
FREEMAN HEALTH SYSTEM 1102 WEST 32ND STREET JOPLIN,MO 63401		NC	Gift	1,000
HERMANN AREA DISTRICT HOSPITAL 509 WEST 18TH STREET HERMANN,MO 65041		NC	Gift	1,000
SCOTLAND COUNTY MEMORIAL HOSPITAL 450 EAST SIGLER AVENUE MEMPHIS,MO 63555		NC	Gift	1,000
STE GENEVIEVE COUNTY MEM HOSP 800 STE GENEVIEVE DR STE GENEVIEVE,MO 63670		NC	Gift	1,000
Total . . . . ▶ **3a**				165,482

TY 2015 Compensation Explanation

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Person Name	Explanation
Joseph B Moody	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID $12,000 DURING THE YEAR ENDED 12/31/2015 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR JENNIFER WILBERS WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Dana L Frese	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID $12,000 DURING THE YEAR ENDED 12/31/2015 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR JENNIFER WILBERS WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Richard G Anderson	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID $12,000 DURING THE YEAR ENDED 12/31/2015 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR JENNIFER WILBERS WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Jennifer Wilbers	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID $12,000 DURING THE YEAR ENDED 12/31/2015 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR JENNIFER WILBERS WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

TY 2015 Depreciation Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

TY 2015 Other Expenses Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	2,100			

TY 2015 Other Increases Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Description	Amount
UNREALIZED GAIN	22,790

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491134021466

TY 2015 Other Professional Fees Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HSG MANAGEMENT FEES	12,000			
PROFESSIONAL FEES	2,599			

TY 2015 Taxes Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES AND LICENSES	11			
INCOME TAX	140			

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Name of the organization	Employer identification number
HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION	46-1181892

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . ▶ $ ____________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	**Employer identification number**
HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION	46-1181892

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Healthcare Services Association 4700 Country Club Drive PO Box 14 Jefferson City, MO 65102	$ 257,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION	46-1181892

Part II Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	**Employer identification number**
HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION	46-1181892

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee