



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
The Carle Foundation
% Dennis P Hesch Exec VP/CFO
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
611 W PARK
City or town, state or province, country, and ZIP or foreign postal code
URBANA, IL 61801

D Employer identification number
37-0673465
E Telephone number
(217) 383-3311
G Gross receipts \$ 378,138,349

F Name and address of principal officer
Dennis Hesch Exec VP CFO
611 W Park St
Urbana, IL 61801

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW CARLE ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1946 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE CARLE FOUNDATION IS ORGANIZED AND EXCLUSIVELY OPERATES AS A NOT-FOR-PROFIT CORPORATION FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	1,696
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	11,441,112
7b Net unrelated business taxable income from Form 990-T, line 34	3,453,708

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	331,666	1,466,765
9 Program service revenue (Part VIII, line 2g)	215,785,955	220,235,455
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,911,672	33,587,426
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,862,022	4,209,896
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280,891,315	259,499,542
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,486,056	1,707,954
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,444,277	107,633,656
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	124,228,781	125,246,256
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	273,159,114	234,587,866
19 Revenue less expenses Subtract line 18 from line 12	7,732,201	24,911,676

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,576,207,807	1,941,157,795
21 Total liabilities (Part X, line 26)	680,138,606	867,580,425
22 Net assets or fund balances Subtract line 21 from line 20	896,069,201	1,073,577,370

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2017-11-15
DENNIS P HESCH Exec VP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name JENNIFER D RHODERICK Preparer's signature JENNIFER D RHODERICK Date
Check if self-employed PTIN P00395735
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000 Phone no (317) 681-7000
INDIANAPOLIS, IN 46204

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE CARLE FOUNDATION IS ORGANIZED AND EXCLUSIVELY OPERATES AS A NOT-FOR-PROFIT CORPORATION FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES AND SERVES AS THE PARENT CORPORATION FOR AN INTEGRATED HEALTH CARE DELIVERY NETWORK

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 116,407,098 including grants of \$ 1,707,954) (Revenue \$ 221,149,583)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 116,407,098

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-33, 34, 35a-35b, 36-37, 38.

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (9), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Dennis P Hesch Exec VPCFO 611 W Park St Urbana, IL 61801 (217) 383-3311

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	0			
	d Related organizations	1d	1,466,765			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____		0			
	h Total. Add lines 1a-1f		1,466,765			
Program Service Revenue		Business Code				
	2a RENT FROM RELATED ORGS	531120	36,381,347	35,982,175	399,172	
	b MANAGEMENT FEES	541610	167,364,508	162,332,760	5,031,748	
	c INTERNAL SUPPORT SERVICES	900099	16,489,600	14,381,288	2,108,312	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		220,235,455				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,761,428		15,941,284	
	4 Income from investment of tax-exempt bond proceeds		32,060		32,060	
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		686,205				
		b Less rental expenses	988,728			
	c Rental income or (loss)	-302,523	0			
	d Net rental income or (loss)		-302,523		-302,523	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		131,444,017				
		b Less cost or other basis and sales expenses	117,650,079			
	c Gain or (loss)	13,793,938				
	d Net gain or (loss)		13,793,938		13,793,938	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				0	
	b Less direct expenses	b			0	
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a				0	
	b Less direct expenses	b			0	
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a				0	
	b Less cost of goods sold	b			0	
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a Dining Services Revenue	722320	2,491,715	0	1,576	2,490,139	
b Parking Ramp Revenue	812930	965,249	0	0	965,249	
c Conference/Training Rev	611430	154,256	154,256	0	0	
d All other revenue		901,199	759,872	80,160	61,167	
e Total. Add lines 11a-11d		4,512,419				
12 Total revenue. See Instructions		259,499,542	213,610,351	11,441,112	32,981,314	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,707,954	1,707,954		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	7,757,872	3,878,936	3,878,936	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	73,999,947	33,841,692	40,158,255	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,284,985	1,444,078	1,840,907	0
9 Other employee benefits	17,209,835	5,770,574	11,439,261	0
10 Payroll taxes	5,381,017	2,385,698	2,995,319	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	2,412,908	0	2,412,908	0
c Accounting	398,787	0	398,787	0
d Lobbying	62,320	0	62,320	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	1,486,923	0	1,486,923	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,332,977	2,569,264	2,763,713	0
12 Advertising and promotion	2,621,560	36,190	2,585,370	0
13 Office expenses	14,509,539	7,037,508	7,472,031	0
14 Information technology	8,876,106	3,566,543	5,309,563	0
15 Royalties	0	0	0	0
16 Occupancy	10,681,749	5,127,355	5,554,394	0
17 Travel	507,200	111,854	395,346	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	528,784	161,559	367,225	0
20 Interest	21,251,366	21,251,209	157	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	32,868,422	18,307,014	14,561,408	0
23 Insurance	1,606,209	207,574	1,398,635	0
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 Other Purchased Services	11,668,118	5,265,088	6,403,030	0
b Internal Support Services	2,228,332	485,106	1,743,226	0
c UNRELATED BUSINESS INCOME TAX	1,503,069	0	1,503,069	0
d Patient Care Supplies	2,772,837	2,634,005	138,832	0
e All other expenses	3,929,050	617,897	3,311,153	0
25 Total functional expenses. Add lines 1 through 24e	234,587,866	116,407,098	118,180,768	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	203,637,827	2	265,171,399
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	2,171,270	4	1,747,766
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	53,574,833	7	3,423,173
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	6,448,749	9	7,021,372
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	923,009,788		
	b Less accumulated depreciation	404,704,586		
	11 Investments—publicly traded securities	678,103,982	11	974,408,285
	12 Investments—other securities See Part IV, line 11	70,223,251	12	80,766,210
	13 Investments—program-related See Part IV, line 11	2,828,232	13	3,101,046
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	86,401,413	15	87,213,342
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,576,207,807	16	1,941,157,795	
Liabilities	17 Accounts payable and accrued expenses	44,043,503	17	54,277,677
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	546,553,647	20	733,144,918
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	89,541,456	25	80,157,830
	26 Total liabilities. Add lines 17 through 25	680,138,606	26	867,580,425
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	896,069,201	27	1,073,577,370
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	896,069,201	33	1,073,577,370
	34 Total liabilities and net assets/fund balances	1,576,207,807	34	1,941,157,795

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	259,499,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	234,587,866
3	Revenue less expenses Subtract line 2 from line 1	3	24,911,676
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	896,069,201
5	Net unrealized gains (losses) on investments	5	14,388,728
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	138,207,765
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,073,577,370

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 37-0673465

Name: The Carle Foundation

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J Michael Martin Trustee	2 0 0 75	X						0	30,000	0
Mitch Melfi Trustee	0 5 0 0	X						0	0	0
Jon Stewart Trustee	2 0 0 0	X						0	0	0
Paul Tender MD Term 9116 Trustee & Physician	1 0 39 0	X						0	457,012	34,300
SANJIV JAIN MD term 9116 TRUSTEE & Physician	8 0 32 0	X						0	532,748	40,307
URETZ OLIPHANT MD TRUSTEE & Physician	0 5 39 5	X						0	637,334	30,024
KARL APPELQUIST TRUSTEE	1 0 1 2	X						0	0	0
BRENDA TIMMONS VICE CHAIR OF BOARD	3 0 0 5	X		X				0	0	0
Donna Greene IMMEDIATE PAST CHAIR	2 0 1 0	X						0	0	0
Guy Hall CHAIR OF BOARD	4 0 1 95	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Kenneth Aronson MD Secretary/Treasurer of Board	20 0 20 0	X		X				0	408,531	34,726	
Rajagopal Echambadi PhD Trustee	1 0 0 0	X						0	0	0	
Rachel Schroeder Trustee	0 5 0 0	X						0	0	0	
JONATHAN BAILEY MD EX-OFFICIO TRUSTEE & Physician	1 0 39 0	X						0	668,700	41,121	
TIMOTHY MENEELY DO TRUSTEE & Physician	0 5 39 5	X						311,657	0	91,253	
PAUL TUCKER TRUSTEE	3 0 0 0	X						0	0	0	
James C Leonard MD Ex-Officio, President & CEO	25 0 15 0			X				2,010,908	0	467,971	
John Snyder Exec VP & COO	10 0 30 0			X				1,237,088	0	281,116	
Dennis Hesch Exec VP & CFO	10 0 30 0			X				998,170	0	249,197	
Matthew Gibb MD Exec VP & CMO	3 2 36 8			X				727,726	0	204,999	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Laurence Fallon EXEC VP-Legal Affairs & HR	16 0 24 0				X			760,462	0	194,127	
Richard Rinehart VP-IT & CIO	40 0 0 0				X			476,820	0	118,845	
Scott Harding VP-Facilities & Support Svcs	4 0 36 0				X			383,976	0	93,912	
Joseph Barkmeier MD Med Dir, Strat Devel/Diag	38 8 1 2					X		427,577	0	89,563	
William Schuh MD Chief Medical Info Officer	24 0 16 0					X		552,598	0	118,382	
Pamela Bigler SVP-Nursing & CNO	9 0 31 0					X		447,517	0	106,418	
Lynette Barnes COO-CFH, SVP-WOMEN'S HEALTH	0 2 39 8					X		463,634	0	96,733	
Stephanie Beever Exec VP & Chief Strategy Ofcr	10 0 30 0					X		584,358	0	134,626	
Cora E Musial Phd MD Prev Secretary/Treasurer of BD	0 0 11 0						X	0	141,350	10,351	
R Bruce Wellman MD Ex-Officio, CEO of CPG-FORMER	0 0 40 0						X	0	623,246	28,831	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Napoleon Knight MD FORMER HIGHEST COMP EMPLOYEE	0 0 40 0						X	0	1,037,395	43,798

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Carle Foundation

Employer identification number

37-0673465

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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 2
 - 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- 10 above (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		
(A) THE CARLE FOUNDATION HOSPITAL	371119538	3	Yes		278,340	0
(B) THE CARLE DEVELOPMENT FOUNDATION	371159978	7	Yes		1,261,321	0
Total	2				1,539,661	0

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
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.		
1		Yes	
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).		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
3a			No
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.		
3b			
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.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
4a			No
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.		
4b			
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.		
4c			
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).		No
5a			No
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?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .		Yes
6		Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
7			No
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 I of Schedule L (Form 990 or 990-EZ).		No
8			No
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 .		No
9a			No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
9b			No
c	Did a disqualified person (as defined in line 9a) 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 .		No
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
10a			No
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.)		
10b			

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

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 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	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, DESCRIPTION OF OTHER SUPPORT	THE CARLE FOUNDATION (THE FOUNDATION) SERVES AS THE PARENT CORPORATION FOR AN INTEGRATED HEALTH CARE DELIVERY NETWORK AND MANAGES FIXED ASSETS AND EQUIPMENT UTILIZED BY ITS AFFILIATES ALONG WITH OTHER FIXED ASSETS AND REAL ESTATE HOLDINGS THE FOUNDATION ALSO ADMINISTER S THE CASH MANAGEMENT AND INVESTMENTS AND PROVIDES GENERAL MANAGEMENT SERVICES TO THE AFFI LIATES IN ADDITION, THE FOUNDATION PROVIDES SUPPORT SERVICES INCLUDING ACCOUNTING AND OTHER FINANCIAL AND REVENUE CYCLE SERVICES, QUALITY AND INFECTION CONTROL, COMPLIANCE, SOCIAL WORK AND CASE MANAGEMENT, MARKETING AND PUBLIC RELATIONS, HUMAN RESOURCES, EDUCATION, INFORMATION TECHNOLOGY, FACILITIES AND ENGINEERING, SECURITY, PURCHASING, AND PROJECT MANAGEMENT SERVICES TO RELATED AFFILIATES

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	EFFECTIVE AUGUST 1, 2015, THE FOUNDATION ENTERED INTO AN AFFILIATION AGREEMENT WITH THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS (UNIVERSITY) FOR THE DEVELOPMENT OF A COLLEGE OF MEDICINE AT ITS URBANA-CHAMPAIGN CAMPUS WITH AN ENGINEERING-FOCUSED CURRICULUM, TO BE KNOWN AS THE CARLE ILLINOIS COLLEGE OF MEDICINE (CI COM) THIS AGREEMENT RESULTED IN AN UNCONDITIONAL COMMITMENT OF \$50,000,000 IN 2015 TO BE USED EXCLUSIVELY FOR THE CREATION OF THE CI COM THE UNIVERSITY OF ILLINOIS FOUNDATION, A 501(C)(3) ENTITY, ACCEPTED THE GRANT AS AGENT FOR THE UNIVERSITY OF ILLINOIS, WHICH IS DESCRIBED IN IRC 511(A)(2)(B) AS A PERMISSIBLE BENEFICIARY UNDER REG 1.509(A)-4(E) AS THE UNIVERSITY OF ILLINOIS FOUNDATIONS 2016 FINANCIAL REPORT DISCLOSES, IT IS A NONPROFIT CORPORATION RESPONSIBLE FOR ENCOURAGING AND ADMINISTERING PRIVATE GIFTS MADE TO FURTHER THE MISSION OF THE UNIVERSITY OF ILLINOIS (UNIVERSITY) ALTHOUGH THE FOUNDATION IS A SEPARATE LEGAL ENTITY FROM THE UNIVERSITY, THE FOUNDATIONS SOLE REASON FOR EXISTENCE IS TO SERVE THE UNIVERSITY THE FOUNDATION IS CONSIDERED A DISCRETELY-PRESENTED COMPONENT UNIT OF THE UNIVERSITY AND IS THEREFORE INCLUDED IN THE UNIVERSITYS GOVERNMENT-WIDE FINANCIAL STATEMENTS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCEDULE A, PART IV, SECTION D, LINE 3	THE CARLE FOUNDATION SERVES AS THE PARENT OF ITS SUPPORTED ORGANIZATIONS AT A MINIMUM, ONE MEMBER OF THE GOVERNING BOARD ALSO SERVES ON THE BOARDS OF THE SUPPORTED ORGANIZATIONS THERE IS AN INTERCONNECTEDNESS OF MANAGEMENT THROUGHOUT THE ORGANIZATION WHEREBY MANAGEMENT OVERSEES ACTIVITIES OF EACH OF THE SUPPORTED ORGANIZATIONS IN ADDITION TO THOSE OF THE CARLE FOUNDATION MANAGEMENT OVERSIGHT OVER THE USE OF THE ORGANIZATIONS INCOME AND ASSETS IS LED BY THE SAME EXECUTIVE LEADERSHIP TEAM OVER EACH OF THE SUPPORTING AND SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCEDULE A, PART IV, SECTION E, LINE 3A & 3B	THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS, THE CARLE FOUNDATION, ACTING THROUGH ITS BOARD OF TRUSTEES, HAS THE EXCLUSIVE POWER TO ELECT AND REMOVE MEMBERS OF THE BOARD OF TRUSTEES FOR THE SUPPORTED ORGANIZATIONS IN ADDITION TO FILLING VACANCIES THE SOLE MEMBER OF THE SUPPORTED ORGANIZATIONS ALSO HAS THE EXCLUSIVE RIGHT AND POWER TO AMEND THE BY-LAWS, TO AMEND THE ARTICLES OF THE CORPORATION, TO AUTHORIZE ANY NON-BUDGETED EXPENDITURE IN EXCESS OF DETERMINED THRESHOLDS, TO ORGANIZE OR ACQUIRE, OR TO AUTHORIZE OR APPROVE THE ORGANIZATION'S ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE OF THE CORPORATION, TO PLEDGE ALL OR ANY PART OF THE CORPORATIONS ASSETS AS SECURITY FOR A DEBT, AND AUTHORIZATION TO ENTER INTO ANY CONTRACT OR ENGAGE IN ANY TRANSACTION OR ACTIVITY WHICH REQUIRES APPLICATION TO THE ILLINOIS HEALTH FACILITIES PLANNING BOARD FOR A PERMIT OR CERTIFICATE OF NEED

Schedule A Form 990 of 990-E 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		50
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		22,310
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		39,960
j	Total Add lines 1c through 1i			62,320
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1D AND 1G	DURING 2016, THE CARLE FOUNDATION EMPLOYED A PERSON WHOSE PRIMARY DUTIES INCLUDED GOVERNMENT RELATIONS APPROXIMATELY 20% OF THIS PERSON'S TIME WAS ESTIMATED TO HAVE BEEN SPENT ON DIRECT LOBBYING ACTIVITIES DIRECT LOBBYING EFFORTS INCLUDED DISCUSSIONS WITH MEMBERS OF THE ILLINOIS GENERAL ASSEMBLY, CONGRESS, AND THEIR RESPECTIVE STAFFS IN-PERSON AND TELEPHONIC CONVERSATIONS PRIMARILY REVOLVED AROUND HEALTH CARE POLICY MAKING, THE APPROPRIATIONS PROCESS, AND THE IMPACT OF PROPOSED LEGISLATION ON THE OPERATIONS OF THE CARLE FOUNDATION AND ITS RELATED ORGANIZATIONS OCCASIONAL CORRESPONDENCE WITH THE ELECTED OFFICIALS AND THEIR STAFF MEMBERS OCCURRED VIA STANDARD MAIL AND EMAIL SCHEDULE C, PART II-B, LINE 1I \$39,960 - A PORTION OF ANNUAL MEMBERSHIP DUES TO VARIOUS PROFESSIONAL ORGANIZATIONS WAS ESTIMATED TO BE ATTRIBUTED TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ Complete if the organization answered "Yes," on 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
The Carle Foundation

Employer identification number
37-0673465

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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

	Held at the End of the Year
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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,718,842	2,464,402	2,228,143	1,796,140	1,291,637
b Contributions	62,954	219,279	114,467	130,478	388,510
c Net investment earnings, gains, and losses	172,913	47,166	142,334	314,670	173,934
d Grants or scholarships					
e Other expenditures for facilities and programs	72,373	12,005	20,542	13,145	56,507
f Administrative expenses					1,434
g End of year balance	2,882,336	2,718,842	2,464,402	2,228,143	1,796,140

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on 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 | Yes | No |
| (ii) related organizations | Yes | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

3a(i)		No
3a(ii)	Yes	
3b	Yes	
- 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' on 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
1a Land		35,727,685		35,727,685
b Buildings		626,159,706	249,523,339	376,636,367
c Leasehold improvements		11,081,762	8,451,351	2,630,411
d Equipment		177,699,276	131,625,399	46,073,877
e Other		72,341,359	15,104,497	57,236,862
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				518,305,202

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Federal income taxes	200,000
Interest Rate Swap Valuation	16,862,535
Accrued Health Insurance	13,336,130
457 (f) Plan Payable	11,047,973
Accrued Commitment	20,000,000
Liability for Unasserted Claim	10,496,777
Asset Retirement Obligation	6,215,327
Current Portion of LT Debt	412,549
ACCRUED LEASE TERMINATION FEE	1,586,539
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	80,157,830

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 37-0673465

Name: The Carle Foundation

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Federal income taxes	200,000
Interest Rate Swap Valuation	16,862,535
Accrued Health Insurance	13,336,130
457 (f) Plan Payable	11,047,973
Accrued Commitment	20,000,000
Liability for Unasserted Claim	10,496,777
Asset Retirement Obligation	6,215,327
Current Portion of LT Debt	412,549
ACCRUED LEASE TERMINATION FEE	1,586,539

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	prior year figures were revised to reflect the spendable portion of the organization's permanent endowment funds schedule d, part v, line 4 THE CARLE DEVELOPMENT FOUNDATION, WHOSE SOLE MEMBER IS THE CARLE FOUNDATION, HAD TWENTY ENDOWMENTS, RANGING IN AMOUNTS FROM APPROXIMATELY \$20,000 TO \$406,000 THE PURPOSES DESIGNATED BY THE DONORS VARIED, BUT CONSISTED OF SUPPORT FOR CANCER RESEARCH, THE CARLE GUEST HOUSE, CONTINUED EDUCATION FOR VARIOUS PROFESSIONAL STAFF AND OTHER HEALTHCARE RELATED PURPOSES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES PRESC RIBES A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENTS RECOGNITION OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN THERE WERE NO UNC ERTAIN TAX BENEFITS IDENTIFIED OR RECORDED AS A LIABILITY AS OF DECEMBER 31, 2016 AND DECE MBER 31, 2015

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
The Carle Foundation

Employer identification number

37-0673465

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					132,408,439
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					132,408,439

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, SUPPLEMENTAL INFORMATION	PART I, LINE 3(1) CENTRAL AMERICA / CARIBBEAN HEALTH SYSTEMS INSURANCE, LIMITED INVESTMENT \$129,819,245 PART I, LINE 3(2) CENTRAL AMERICA / CARIBBEAN HEALTH SYSTEMS INSURANCE, LIMITED PREMIUMS PAID ON SELF INSURANCE \$2,589,194

Additional Data

Software ID:

Software Version:

EIN: 37-0673465

Name: The Carle Foundation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program services	Self Insurance	129,819,245
Central America and the Caribbean			Program services	Self Insurance	2,589,194

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization The Carle Foundation

Employer identification number

37-0673465

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?
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" on 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

Summary table with 2 rows: 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (3); 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" on 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS two grants were MADE TO RELATED AFFILIATES, THE CARLE FOUNDATION HOSPITAL AND THE CARLE DEVELOPMENT FOUNDATION THE GRANTS WERE MADE TO SUPPORT THE ORGANIZATION'S MISSION FOR MEETING THE NEEDS OF THE COMMUNITY SERVED by the carle foundation IN 2016, THE CARLE FOUNDATION, ON BEHALF OF THE CARLE FOUNDATION HOSPITAL, PROVIDED A TRANSLATIONAL RESEARCH GRANT FOR \$168,293 TO THE UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

Additional Data

Software ID:
Software Version:
EIN: 37-0673465
Name: The Carle Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE CARLE DEVELOPMENT FOUNDATION 611 W PARK ST URBANA, IL 61801	37-1159978	501(c)(3)	1,261,321				INTERNAL FUNDING
THE CARLE FOUNDATION HOSPITAL 611 W PARK ST URBANA, IL 61801	37-1119538	501(c)(3)	278,430				INTERNAL FUNDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Board of Trustees of University of IL 506 S Wright St 209 HAB MC-339 Urbana, IL 61801	37-6000511	501(c)(3)	168,293				SUPPORT FOR COLLEGE OF MEDICINE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization The Carle Foundation	Employer identification number 37-0673465
--	--

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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)		
<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 idemnification 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.	1b									
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?	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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 on 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?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
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.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on 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?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on 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.	7	Yes								
8 Were any amounts reported on 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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
SCHEDULE J, PART I, QUESTION 3	THE BOARD OF TRUSTEES OF THE CARLE FOUNDATION, THROUGH ITS COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT MEMBERS FREE OF CONFLICT, ANNUALLY REVIEWS EXECUTIVE COMPENSATION LEVELS AND ESTABLISHES APPROPRIATE SALARY RANGES AND OTHER FEATURES OF THE COMPENSATION PLAN IN ACCORDANCE WITH THE ORGANIZATION'S APPROVED COMPENSATION PHILOSOPHY AND STRATEGY - THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF THE CARLE FOUNDATION MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED, AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH THE CARLE FOUNDATION - THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE IN RELATION TO APPROPRIATE COMPARABILITY DATA. COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS DEVELOPED BY THE CEO, EVALUATED AGAINST MARKET DATA, AND REVIEWED AND APPROVED BY THE COMMITTEE - THE COMMITTEE APPROVES ALL COMPENSATION DECISIONS IN ADVANCE OF THEIR IMPLEMENTATION AND DOCUMENTS ITS DETERMINATIONS AND DISCUSSIONS - THE COMPENSATION COMMITTEE USES A NUMBER OF EXTERNAL RESOURCES AND COMPARISONS, AND ITS ANALYSIS INCLUDES TOTAL COMPENSATION (CASH COMPENSATION PLUS BENEFITS PROVIDED BY THE CARLE FOUNDATION) IN RELATION TO ORGANIZATIONAL PERFORMANCE AND PREVAILING INDUSTRY PRACTICES FOR LIKE RESPONSIBILITIES AT COMPARABLY-SIZED ORGANIZATIONS. THE COMMITTEE HAS ENGAGED THE SERVICES OF A COMPENSATION CONSULTING FIRM SPECIALIZING IN THE NOT-FOR-PROFIT SECTOR WHICH HAS WORKED WITH THE CARLE FOUNDATION AND REPORTS DIRECTLY TO THE COMPENSATION COMMITTEE.
FORM 990, SCHEDULE J, PART I, QUESTION 4B	THE 2016 PARTICIPANTS IN THE 457(F) PLAN OFFERED BY THE CARLE FOUNDATION, THAT ARE LISTED IN THE 990 PART VII INCLUDE JOSEPH BARKMEIER, MD, LYNETTE BARNES, STEPHANIE BEEVER, PAMELA BIGLER, LAURENCE FALLON, MATTHEW GIBB, MD, SCOTT HARDING, DENNIS HESCH, JAMES LEONARD, MD, TIMOTHY MENEELY, DO, RICHARD RINEHART, WILLIAM SCHUH, MD AND JOHN SNYDER. THE 2016 PAYMENTS FROM THE 457(F) PLAN WERE MADE TO JOSEPH BARKMEIER, MD (\$116,663), LYNETTE BARNES (\$67,310), STEPHANIE BEEVER (\$116,495), PAMELA BIGLER (\$74,154), LAURENCE FALLON (\$117,672), SCOTT HARDING (\$45,851), DENNIS HESCH (\$164,751), NAPOLEON KNIGHT, MD (\$3), JAMES LEONARD, MD (\$376,469), RICHARD RINEHART (\$71,819), WILLIAM SCHUH, MD (\$80,420), JOHN SNYDER (\$232,667), AND R. BRUCE WELLMAN, MD (\$299,361).
FORM 990, SCHEDULE J, PART 1, QUESTION 7	PART OF THE OVERALL EMPLOYEES' COMPENSATION PROGRAM INCLUDES AN INCENTIVE COMPONENT THAT COVERS MOST EMPLOYEES AND IS DESIGNED TO ENCOURAGE AND PROMOTE THE ACHIEVEMENT OF CERTAIN QUALITY, OPERATIONAL, AND EFFICIENCY IMPROVEMENTS. ALTHOUGH THIS INCENTIVE COMPONENT IS BASED ON THE ORGANIZATION MEETING CERTAIN MINIMUM FINANCIAL THRESHOLDS, ALL PAYMENTS MUST BE APPROVED BY THE BOARD OF DIRECTORS PRIOR TO ANY INCENTIVE PAYOUT.

Additional Data

Software ID:
Software Version:
EIN: 37-0673465
Name: The Carle Foundation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Paul Tender MD Term 9116 Trustee & Physician	(i)	0	0	0	0	0	0	0
	(ii)	439,178	13,686	4,148	21,480	12,820	491,312	0
1 Cora E Musial Phd MD Prev Secretary/Treasurer of BD	(i)	0	0	0	0	0	0	0
	(ii)	139,623	0	1,727	10,351	0	151,701	0
2 James C Leonard MD Ex-Officio, President & CEO	(i)	1,220,394	375,771	414,743	462,601	5,370	2,478,879	376,469
	(ii)	0	0	0	0	0	0	0
3 R Bruce Wellman MD Ex-Officio, CEO of CPG- FORMER	(i)	0	0	0	0	0	0	0
	(ii)	294,598	0	328,648	21,480	7,351	652,077	299,361
4 John Snyder Exec VP & COO	(i)	797,762	168,392	270,934	268,423	12,693	1,518,204	232,667
	(ii)	0	0	0	0	0	0	0
5 Dennis Hesch Exec VP & CFO	(i)	656,169	146,042	195,959	226,314	22,883	1,247,367	164,751
	(ii)	0	0	0	0	0	0	0
6 Laurence Fallon EXEC VP-Legal Affairs & HR	(i)	500,157	115,258	145,047	173,433	20,694	954,589	117,672
	(ii)	0	0	0	0	0	0	0
7 Richard Rinehart VP-IT & CIO	(i)	352,437	45,628	78,755	100,288	18,557	595,665	71,819
	(ii)	0	0	0	0	0	0	0
8 Scott Harding VP-Facilities & Support Svcs	(i)	258,290	36,396	89,290	74,719	19,193	477,888	45,851
	(ii)	0	0	0	0	0	0	0
9 Napoleon Knight MD FORMER HIGHEST COMP EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	967,436	42,927	27,032	25,608	18,190	1,081,193	3
10 Joseph Barkmeier MD Med Dir, Strat Devel/Diag	(i)	267,283	36,340	123,954	77,441	12,122	517,140	116,663
	(ii)	0	0	0	0	0	0	0
11 William Schuh MD Chief Medical Info Officer	(i)	416,384	45,972	90,242	99,517	18,865	670,980	80,420
	(ii)	0	0	0	0	0	0	0
12 Pamela Bigler SVP-Nursing & CNO	(i)	292,058	55,286	100,173	92,120	14,298	553,935	74,154
	(ii)	0	0	0	0	0	0	0
13 Lynette Barnes COO-CFH, SVP-WOMEN'S HEALTH	(i)	311,464	57,598	94,572	96,733	0	560,367	67,310
	(ii)	0	0	0	0	0	0	0
14 SANJIV JAIN MD term 9116 TRUSTEE & Physician	(i)	0	0	0	0	0	0	0
	(ii)	528,612	0	4,136	21,480	18,827	573,055	0
15 URETZ OLIPHANT MD TRUSTEE & Physician	(i)	0	0	0	0	0	0	0
	(ii)	625,990	2,223	9,121	16,180	13,844	667,358	0
16 Kenneth Aronson MD Secretary/Treasurer of Board	(i)	0	0	0	0	0	0	0
	(ii)	362,807	22,464	23,260	21,480	13,246	443,257	0
17 Stephanie Beever Exec VP & Chief Strategy Ofcr	(i)	368,961	69,343	146,054	116,227	18,399	718,984	116,495
	(ii)	0	0	0	0	0	0	0
18 Matthew Gibb MD Exec VP & CMO	(i)	587,706	129,834	10,186	196,912	8,087	932,725	0
	(ii)	0	0	0	0	0	0	0
19 JONATHAN BAILEY MD EX-OFFICIO TRUSTEE & Physician	(i)	0	0	0	0	0	0	0
	(ii)	650,569	14,682	3,449	21,480	19,641	709,821	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 TIMOTHY MENEELY DO TRUSTEE & Physician	(i) 252,462	36,214	22,981	73,404	17,849	402,910	0
	(ii) 0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization The Carle Foundation

Employer identification number 37-0673465

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D: ILLINOIS FINANCE AUTHORITY.

Part II Proceeds

Table with columns 1-13 for various proceeds items and 14-17 for bond issuance details. Includes sub-columns A, B, C, D for items 1-12 and Yes/No for items 14-17.

Part III Private Business Use

Table with columns 1-2 for private business use questions and sub-columns A, B, C, D for Yes/No responses.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 001 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0 001 %							
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			X
b Exception to rebate?	X		X		X		X	
c No rebate due?	X		X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X	X			X	X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE K	PART I, LINE A, COLUMN (F) CONSTRUCT FACILITY & REFUND PRIOR ISSUES (06/09/1998, 07/01/1998, 11/10/2004) PART I, LINE B, COLUMN (F) CONSTRUCT FACILITY & REFUND PRIOR ISSUES (07/15/2005, 11/07/2008, 03/10/2010) PART I, LINE C, COLUMN (F) CONSTRUCT FACILITY & REFUND PRIOR ISSUES (11/10/2016) PART I, LINE D, COLUMN (F) CONSTRUCT FACILITY & REFUND PRIOR ISSUES (07/15/2005, 11/07/2008, 03/10/2010) PART II, LINE 3 THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INTEREST EARNINGS PART IV, ARBITRAGE, LINE 2C (A) ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 09/18/2010 NOTE REGARDING THE REBATE COMPUTATION SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS SO NO FURTHER REBATE CALCULATIONS ARE NECESSARY PART IV, ARBITRAGE, LINE 2C (B) ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 04/30/2015 NOTE REGARDING THE REBATE COMPUTATION SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS SO NO FURTHER REBATE CALCULATIONS ARE NECESSARY PART IV, ARBITRAGE, LINE 2C (C) ISSUER NAME ILLINOIS FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 02/08/2015 NOTE REGARDING THE REBATE COMPUTATION SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS SO NO FURTHER REBATE CALCULATIONS ARE NECESSARY

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Carle Foundation

Employer identification number

37-0673465

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE CARLE FOUNDATION IS ORGANIZED AND AT ALL TIMES OPERATES EXCLUSIVELY FOR THE BENEFIT OF , TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF THE FOLLOWING HEALTHCARE ORGANIZATIONS WHICH ARE AFFILIATED WITH THE CORPORATION THROUGH THE PROVISION OF FINANCIAL AND MANAGEMENT ASSISTANCE THE CARLE FOUNDATION HOSPITAL, CARLE HEALTH CARE INCORPORATED, THE CARLE DEVELOPMENT FOUNDATION, OR ANY OTHER NOT-FOR-PROFIT CORPORATION THAT IS OR BECOMES AFFILIATED WITH THE CORPORATION, OR ANY OF THE HEALTH CARE ORGANIZATIONS DESCRIBED IN THIS SECTION, WHICH QUALIFIES FOR EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) AND AS A PUBLIC CHARITY UNDER SECTIONS 509(A)(1) OR (2) OF THE CODE THE CARLE FOUNDATION (A) SERVES AS THE PARENT CORPORATION FOR AN INTEGRATED HEALTH CARE DELIVERY NETWORK (B) PROVIDES FINANCING AND MANAGEMENT ASSISTANCE TO THE ORGANIZATIONS DESCRIBED ABOVE (C) ACQUIRES, OWNS, USES, LEASES AS LESSOR OR LESSEE, CONVEYS AND OTHERWISE DEALS IN AND WITH REAL PROPERTY AND ANY INTEREST THEREIN, ALL IN SUPPORT OF OR IN FURTHERANCE OF THE CHARITABLE PURPOSES OF THE ORGANIZATIONS DESCRIBED ABOVE (D) CONTRACTS WITH OTHER ORGANIZATIONS (FOR PROFIT AND NOT-FOR-PROFIT), WITH INDIVIDUALS, AND WITH GOVERNMENTAL AGENCIES IN SUPPORT OF , OR IN FURTHERANCE OF, THE CHARITABLE PURPOSES OF THE ORGANIZATIONS DESCRIBED ABOVE AND (E) OWNS OR OPERATES FACILITIES OR OWNS OTHER ASSETS FOR PUBLIC USE AND WELFARE IN FURTHERANCE OF THE CHARITABLE PURPOSES OF THE ORGANIZATIONS DESCRIBED ABOVE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 2	- DONNA GREENE (IMMEDIATE PAST CHAIR) AND JON STEWART (TRUSTEE) HAD A BUSINESS RELATIONSHIP - GUY HALL (CHAIR OF BOARD), DONNA GREENE (IMMEDIATE PAST CHAIR), J MICHAEL MARTIN (TRUSTEE), KENNETH ARONSON, MD (SECRETARY/TREASURER OF BOARD), PAUL TENDER, MD (TRUSTEE), JAMES C LEONARD, MD (EX-OFFICIO), BRENDA TIMMONS (VICE CHAIR OF BOARD) AND KARL APPELQUIST (TRUSTEE) HAD A BUSINESS RELATIONSHIP - J MICHAEL MARTIN (TRUSTEE), JAMES C LEONARD, MD (EX-OFFICIO), MATTHEW GIBB, MD (OFFICER) AND JOHN SNYDER (OFFICER) HAD A BUSINESS RELATIONSHIP - JAMES C LEONARD, MD (EX-OFFICIO), JOHN SNYDER (OFFICER) AND DENNIS HESCH (OFFICER) HAD A BUSINESS RELATIONSHIP -PAUL TENDER, MD (TRUSTEE), JAMES C LEONARD, MD (EX-OFFICIO), MATTHEW GIBB, MD (OFFICER), JOHN SNYDER (OFFICER), HAD A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 6, 7a & 7b	THE CARLE FOUNDATION HAS ONE (1) CLASS OF MEMBERS THE NUMBER OF MEMBERS SHALL BE AS DETERMINED FROM TIME TO TIME BY THE BOARD OF TRUSTEES EACH MEMBER SHALL BE ELECTED BY THE BOARD OF TRUSTEES FOR A TERM OF THREE (3) YEARS AND SHALL HOLD OFFICE UNTIL HIS OR HER SUCCESSOR IS DULY ELECTED AND QUALIFIED OR UNTIL HIS OR HER DEATH, RESIGNATION OR REMOVAL, WHICHEVER COMES FIRST NO LICENSED PHYSICIAN, LICENSED DENTIST OR OTHER LICENSED HEALTH CARE PROFESSIONAL SHALL BE ELECTED AS A MEMBER IF SUCH ELECTION WOULD RESULT IN MEMBERS WHO ARE LICENSED PHYSICIANS, LICENSED DENTISTS, OR OTHER LICENSED HEALTH CARE PROFESSIONALS COMPRISING A MAJORITY OF THE MEMBERS OF THE CORPORATION THE ANNUAL MEETING OF THE MEMBERS IS HELD FOR THE PURPOSE OF ELECTING TRUSTEES THE MEMBERS SHALL ELECT THE TRUSTEES OF THE CORPORATION BY VOTING UPON THE SLATE OF NOMINEES PRESENTED TO THEM AT THE ANNUAL MEETING (OR ANY ADJOURNMENT THEREOF) BY A REPRESENTATIVE OF EITHER THE NOMINATING COMMITTEE OF THE BOARD OF TRUSTEES OR THE BOARD OF TRUSTEES THE NOMINATING COMMITTEE SHALL HAVE THE SOLE AND EXCLUSIVE POWER TO NOMINATE INDIVIDUALS TO SERVE AS TRUSTEES, EXCEPT AS PROVIDED IN ARTICLE V, SECTION 4 OF THE ORGANIZATION'S BYLAWS EACH MEMBER SHALL HAVE ONE VOTE WITH RESPECT TO THE SLATE OF NOMINEES PRESENTED FOR ELECTION AS TRUSTEES IF THE ELECTION OF TRUSTEES SHALL NOT BE HELD ON THE DAY DESIGNATED HEREIN FOR ANY ANNUAL MEETING, OR AT ANY ADJOURNMENT THEREOF, THE BOARD OF TRUSTEES SHALL CAUSE THE ELECTION TO BE HELD AT A SPECIAL MEETING OF THE MEMBERS AS SOON THEREAFTER AS SUCH MEETING MAY CONVENIENTLY BE HELD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	THE FORM 990 WAS PREPARED BY STAFF AND AN EXTERNAL TAX ADVISOR AND REVIEWED BY MANAGEMENT PRIOR TO FILING THIS FORM 990, A FULL AND COMPLETE COPY WAS PROVIDED TO THE GOVERNING BODY BY POSTING TO THE ORGANIZATION'S DIRECTOR COMMUNICATION PORTAL ALSO BEFORE FILING, EACH TRUSTEE RECEIVED NOTIFICATION THAT THE FORM 990 WAS POSTED AND AVAILABLE FOR REVIEW AT HIS/HER DISCRETION, EACH TRUSTEE HAS THE OPPORTUNITY TO CONTACT MANAGEMENT OR DISCUSS AND ADDRESS CONCERNS AT SUBSEQUENT BOARD MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	THE ORGANIZATION'S ESTABLISHED CONFLICT OF INTEREST POLICIES REQUIRE ANNUAL DISCLOSURE OF ACTUAL AND POTENTIAL CONFLICTS OF INTEREST FOR OFFICERS, DIRECTORS, TRUSTEES, MEMBERS OF BOARD COMMITTEES, ADMINISTRATIVE AND MANAGERIAL EMPLOYEES AS WELL AS ALL EMPLOYEES OF THE PURCHASING DEPARTMENT IF CIRCUMSTANCES CHANGE DURING THE COURSE OF A YEAR, INTERIM DISCLOSURE IS ALSO REQUIRED OF THE SAME INDIVIDUALS THE DISCLOSURES OF EMPLOYEES ARE REVIEWED INITIALLY BY THE HUMAN RESOURCES DEPARTMENT AND ANY IDENTIFIED CONFLICTS ARE REFERRED TO, AND ADDRESSED BY, THE ORGANIZATION'S INTERNAL LEGAL COUNSEL AND/OR CORPORATE INTEGRITY OFFICER THE DISCLOSURES OF TRUSTEES AND MEMBERS OF BOARD COMMITTEES ARE REVIEWED BY THE CHAIR OF THE BOARD THE ENTIRE BOARD, ABSENT THE SUBJECT TRUSTEE OR COMMITTEE MEMBER, DETERMINES WHETHER A CONFLICT EXISTS TRUSTEES AND/OR BOARD COMMITTEE MEMBERS WITH IDENTIFIED CONFLICTS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON MATTERS THAT MAY PRESENT A CONFLICT THE ORGANIZATION ALSO MAINTAINS PURCHASING POLICIES REQUIRING COUNTER SIGNATURES TO FURTHER MINIMIZE THE RISK ASSOCIATED WITH ACTUAL AND/OR POTENTIAL CONFLICTS OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	THE BOARD OF TRUSTEES OF THE CARLE FOUNDATION, THROUGH ITS COMPENSATION COMMITTEE COMPRISE D OF INDEPENDENT MEMBERS FREE OF CONFLICT, ANNUALLY REVIEWS EXECUTIVE COMPENSATION LEVELS AND ESTABLISHES APPROPRIATE SALARY RANGES AND OTHER FEATURES OF THE COMPENSATION PLAN IN A CCORDANCE WITH THE ORGANIZATION'S APPROVED COMPENSATION PHILOSOPHY AND STRATEGY -THE COMM ITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF THE CARLE F OUNDATION MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED, AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH THE CARLE FOUNDATION -THE CHIE F EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE IN RELATION TO APPROPRIATE COMPARABILITY DATA COMPENSATION FOR OTHER MEMBERS OF THE EXECUTIVE STAFF IS DEVELOPED BY THE CEO, EVALUATED AGAINST MARKET DATA, AND REVIEWED AND APPROVED BY THE C OMMITTEE -THE COMMITTEE APPROVES ALL COMPENSATION DECISIONS IN ADVANCE OF THEIR IMPLEMENT ATION AND DOCUMENTS ITS DETERMINATIONS AND DISCUSSIONS -THE COMPENSATION COMMITTEE USES A NUMBER OF EXTERNAL RESOURCES AND COMPARISONS, AND ITS ANALYSIS INCLUDES TOTAL COMPENSATIO N (CASH COMPENSATION PLUS BENEFITS PROVIDED BY THE CARLE FOUNDATION) IN RELATION TO ORGANI ZATIONAL PERFORMANCE AND PREVAILING INDUSTRY PRACTICES FOR LIKE RESPONSIBILITIES AT COMPAR ABLY-SIZED ORGANIZATIONS THE COMMITTEE HAS ENGAGED THE SERVICES OF A COMPENSATION CONSULT ING FIRM SPECIALIZING IN THE NOT-FOR-PROFIT SECTOR WHICH HAS WORKED WITH THE CARLE FOUNDAT ION AND REPORTS DIRECTLY TO THE COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 18 & 19	THE CARLE FOUNDATION PUBLISHES THROUGH WWW DACBOND COM ITS QUARTERLY UNAUDITED FINANCIAL STATEMENTS, ANNUAL AUDITED FINANCIAL STATEMENTS, A MANAGEMENT'S DISCUSSION & ANALYSIS TO COMPANY THE FINANCIAL STATEMENTS, AND AN ANNUAL REPORT OF CERTAIN OPERATING AND FINANCIAL INFORMATION ADDITIONALLY, OFFICIAL STATEMENTS FOR OUTSTANDING MUNICIPAL BOND ISSUES FOR WHICH THE CARLE FOUNDATION IS OBLIGATED ARE AVAILABLE AT THIS WEBSITE THESE DOCUMENTS INCLUDE EXTENSIVE INFORMATION ABOUT THE ORGANIZATION'S HEALTH CARE DELIVERY SYSTEM MODEL, RECENT HIGHLIGHTS/ACCOMPLISHMENTS, GOVERNANCE AND ADMINISTRATION, STRATEGIC PLAN, FACILITIES, CLINICAL PROGRAMS, MEDICAL STAFF, SERVICE AREA, COMPETITIVE ENVIRONMENT, DEMOGRAPHIC DATA, UTILIZATION STATISTICS, SUMMARY FINANCIAL INFORMATION, ACADEMIC AFFILIATIONS AND EDUCATIONAL PROGRAMS, MEDICAL RESEARCH, ACCREDITATIONS, AND ITS EMPLOYEES THIS INFORMATION IS AVAILABLE AT NO CHARGE TO THOSE WHO REGISTER AT THE WWW DACBOND COM WEBSITE IN ADDITION, THE FORM 990S OF THE ORGANIZATION'S FILING ENTITIES ARE AVAILABLE THROUGH DACBOND QUARTERLY FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST DELIVERED TO THE ORGANIZATION'S ADMINISTRATIVE OFFICES THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE ALSO AVAILABLE UPON REQUEST TO THE ORGANIZATION'S ADMINISTRATIVE OFFICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN B	THE AVERAGE ESTIMATED HOURS PER WEEK LISTED FOR THE REPORTING ORGANIZATION AND RELATED ORGANIZATIONS ARE BASED ON A STANDARD 40 HOUR WEEK MEMBERS MAY FREQUENTLY DEVOTE MORE THAN 40 HOURS OF SERVICE TO THE ENTIRE ORGANIZATION DURING AN AVERAGE WEEK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS INCLUDE \$138,659,813 THE CARLE FOUNDATION SETTLED VARIOUS INTERCOMPANY RECEIVABLE/PAYABLE BALANCES THROUGH EQUAL OFFSETTING EQUITY TRANSFERS THE INTERCOMPANY RECEIVABLE/PAYABLE BALANCE RESULTED FROM THE NORMAL COURSE OF OPERATIONS AND WERE PRIMARILY ATTRIBUTABLE TO CENTRALIZED CASH MANAGEMENT AND DISBURSEMENT ACTIVITIES THESE INTERCOMPANY RECEIVABLE/PAYABLE SETTLEMENTS HELPED PROVIDE SUPPLEMENTAL FUNDING FOR CERTAIN RELATED ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSES, AND \$452,048 K-1 INVESTMENT INCOME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, #2A,B,C AND PART IV, #12	THE FINANCIAL STATEMENTS FOR THE CARLE FOUNDATION WERE AUDITED ON A CONSOLIDATED BASIS THE CARLE FOUNDATION HAS AN AUDIT COMMITTEE CONSISTING OF MEMBERS OF THE GOVERNING BOARD AND THE CHIEF FINANCIAL OFFICER WHO TOGETHER ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE REVIEW AND AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT OR AUDITOR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ 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.

Name of the organization
The Carle Foundation

Employer identification number

37-0673465

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) 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) 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
(1) THE CARLE FOUNDATION HOSPITAL 611 W PARK ST URBANA, IL 61801 37-1119538	HOSPITAL SVCS	IL	501(c)(3)	3	TCF	Yes	
(2) THE CARLE DEVELOPMENT FOUNDATION 611 W PARK ST URBANA, IL 61801 37-1159978	FUNDRAISING	IL	501(c)(3)	7	TCF	Yes	
(3) CARLE HEALTH CARE INCORPORATED 611 W PARK ST URBANA, IL 61801 37-1140016	VAR med SVCS	IL	501(c)(3)	10	TCF	Yes	
(4) CARLE RETIREMENT CENTERS INC 611 W PARK ST URBANA, IL 61801 37-1160033	RTRMT LIVING	IL	501(c)(3)	10	TCF	Yes	
(5) CARLE COMMUNITY HEALTH CORPORATION 611 W PARK ST URBANA, IL 61801 36-4458371	FDN MISSION	IL	501(c)(3)	12a, Type I	TCDF	Yes	
(6) HOOPESTON COMMUNITY MEMORIAL HOSPITAL 701 E ORANGE ST HOOPESTON, IL 60942 36-3637465	HOSPITAL SVCS	IL	501(c)(3)	3	TCF	Yes	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHAMPAIGN SURGICNTR 611 W PARK ST URBANA, IL 61801 20-1915925	SURGICAL CENTER	IL	NA	N/A	0	0						

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.

See Additional Data Table

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

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

	Yes	No
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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, SUPPLEMENTAL INFORMATION	PART II, LINE 3 CARLE HEALTH CARE INCORPORATED Carle Health Care Incorporated's primary activities include Emergency Transport, Day Care, and Physician Services

Additional Data

Software ID:
Software Version:
EIN: 37-0673465
Name: The Carle Foundation

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
(1) 611 W PARK ST URBANA, IL 61801 37-1119538	HOSPITAL SVCS	IL	501(c)(3)	3	TCF	Yes	
(1) 611 W PARK ST URBANA, IL 61801 37-1159978	FUNDRAISING	IL	501(c)(3)	7	TCF	Yes	
(2) 611 W PARK ST URBANA, IL 61801 37-1140016	VAR med SVCS	IL	501(c)(3)	10	TCF	Yes	
(3) 611 W PARK ST URBANA, IL 61801 37-1160033	RTRMT LIVING	IL	501(c)(3)	10	TCF	Yes	
(4) 611 W PARK ST URBANA, IL 61801 36-4458371	FDN MISSION	IL	501(c)(3)	12a, Type I	TCDF	Yes	
(5) 701 E ORANGE ST HOOPESTON, IL 60942 36-3637465	HOSPITAL SVCS	IL	501(c)(3)	3	TCF	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH SYSTEMS INSURANCE LIMITED GOVERNORS SQ 2ND FL BLDG 3 GRAND CAYMAN KY1-1102 CJ	INSURANCE	CJ	TCF	C Corp	3,796,460	129,819,245	100 000 %	Yes	
(1) CARLE HOLDING COMPANY INC 611 W PARK ST URBANA, IL 618012595 37-1188284	HOLDING Company	IL	CHA HOLD	C Corp	-61,600	322,814,858	100 000 %	Yes	
(2) HEALTH ALLIANCE MEDICAL PLANS INC 301 S VINE ST URBANA, IL 61801 37-1260731	HEALTH COVERAge	IL	CARLE HOLD	C Corp	1,249,082,124	589,685,692	100 000 %	Yes	
(3) HEALTH ALLIANCE MIDWEST INC 301 S VINE ST URBANA, IL 61801 37-1354502	HEALTH COVERAge	IL	HAMPI	C Corp	18,916,455	9,694,675	100 000 %	Yes	
(4) HEALTH ALLIANCE NORTHWEST HOLDING INC 820 N CHELAN AVE WENATCHEE, WA 98801 46-1717578	HOLDING Company	WA	CHA HOLD	C Corp	0	0	60 000 %	Yes	
(5) HEALTH ALLIANCE NORTHWEST HEALTH PLAN 820 CHELAN AVE WENATCHEE, WA 98801 46-1966323	HEALTH COVERAge	WA	HANWH	C Corp	27,163,156	10,990,032	60 000 %	Yes	
(6) CARLE RISK MANAGEMENT COMPANY 611 W PARK ST URBANA, IL 618012595 37-1217973	RISK MANAGEMent	IL	TCFH	C Corp	1,472,914	118,958	100 000 %	Yes	
(7) EVALIDATA INC 611 W PARK ST URBANA, IL 618012595 46-2022658	PHYS CREDENTIAls	IL	TCFH	C Corp	366,434	35,257	100 000 %	Yes	
(8) HEALTH ALLIANCE CONNECT INC 301 S VINE ST URBANA, IL 61801 46-4796891	HEALTH CARE Coord	IL	CHA HOLD	C Corp	648,396,505	159,446,682	100 000 %	Yes	
(9) CHA HOLDING INC 301 S VINE ST URBANA, IL 61801 47-1854275	HOLDING Company	IL	TCF	C CORP	3,246,012	77,825,925	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	THE CARLE FOUNDATION HOSPITAL	a	33,639,295	BOOK
(1)	HEALTH ALLIANCE MEDICAL PLANS INC	a	3,501,207	BOOK
(2)	CARLE HEALTH CARE INCORPORATED	a	1,093,366	BOOK
(3)	CHAMPAIGN SURGICENTER LLC	a	751,571	BOOK
(4)	HOOPESTON COMMUNITY MEMORIAL HOSPITAL	a	844,867	BOOK
(5)	THE CARLE DEVELOPMENT FOUNDATION	a	51,372	BOOK
(6)	CARLE RISK MANAGEMENT COMPANY	a	50,196	BOOK
(7)	EVALIDATA INC	a	27,972	BOOK
(8)	THE CARLE DEVELOPMENT FOUNDATION	b	1,261,321	BOOK
(9)	THE CARLE FOUNDATION HOSPITAL	b	278,340	BOOK
(10)	THE CARLE DEVELOPMENT FOUNDATION	c	1,466,765	BOOK
(11)	HEALTH ALLIANCE MEDICAL PLANS INC	l	623,568	BOOK
(12)	CARLE HEALTH CARE INCORPORATED	l	200,477	BOOK
(13)	THE CARLE FOUNDATION HOSPITAL	l	139,362	BOOK
(14)	EVALIDATA INC	m	364,174	BOOK
(15)	HEALTH ALLIANCE MEDICAL PLANS INC	m	2,904,180	BOOK
(16)	CARLE HEALTH CARE INCORPORATED	m	1,775,953	BOOK
(17)	HEALTH SYSTEMS INSURANCE LIMITED	m	388,878	BOOK
(18)	CARLE RISK MANAGEMENT COMPANY	p	1,472,914	BOOK
(19)	THE CARLE FOUNDATION HOSPITAL	q	134,977,902	BOOK
(20)	CARLE HEALTH CARE INCORPORATED	q	31,310,505	BOOK
(21)	HOOPESTON COMMUNITY MEMORIAL HOSPITAL	q	8,287,483	BOOK
(22)	HEALTH ALLIANCE MEDICAL PLANS INC	q	5,154,930	BOOK
(23)	CHAMPAIGN SURGICENTER LLC	q	1,931,063	BOOK
(24)	CARLE RETIREMENT CENTERS INC	q	924,932	BOOK

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) CARLE RISK MANAGEMENT COMPANY	q	104,585	BOOK
(1) THE CARLE DEVELOPMENT FOUNDATION	q	81,175	BOOK
(2) HOOPESTON COMMUNITY MEMORIAL HOSPITAL	r	88,685	BOOK
(3) CARLE RETIREMENT CENTERS INC	r	51,646	BOOK
(4) THE CARLE FOUNDATION HOSPITAL	s	1,036,559	BOOK