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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

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

2016**Open to Public
Inspection****For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016**

<p>Name of foundation HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION % RICHARD ANDERSON</p> <p>Number and street (or P O box number if mail is not delivered to street address) 4700 COUNTRY CLUB DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code JEFFERSON CITY, MO 65109</p> <p>G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> <p>H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,441,757</p>		<p>A Employer identification number 46-1181892</p> <p>B Telephone number (see instructions) (573) 893-5300</p> <p>C If exemption application is pending, check here ► <input type="checkbox"/></p> <p>D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>			
		<p>J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>			
<p>Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</p>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	332,000			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,257	1,257		
	4 Dividends and interest from securities	26,669	26,669		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	359,926	27,926			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	5,124			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,200	0	0	0
	c Other professional fees (attach schedule)	12,000			
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	427			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	3,626			
	24 Total operating and administrative expenses.	22,377	0	0	0
25 Contributions, gifts, grants paid	184,658			184,658	
26 Total expenses and disbursements. Add lines 24 and 25	207,035	0	0	184,658	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	152,891				
b Net investment income (if negative, enter -0-)		27,926			
c Adjusted net income (if negative, enter -0-)					

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing		71,253	197,440	197,440
	2 Savings and temporary cash investments				
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)		1,168,255	1,244,317	1,244,317
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)				
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		1,239,508	1,441,757	1,441,757
	17 Accounts payable and accrued expenses		1,150	1,115	
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		1,150	1,115	
	23 Total liabilities (add lines 17 through 22)				
	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg , and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds		1,238,358	1,440,642	
	30 Total net assets or fund balances (see instructions)		1,238,358	1,440,642	
	31 Total liabilities and net assets/fund balances (see instructions)		1,239,508	1,441,757	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,238,358
2	Enter amount from Part I, line 27a	2	152,891
3	Other increases not included in line 2 (itemize) ►	3	49,393
4	Add lines 1, 2, and 3	4	1,440,642
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,440,642

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8					

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

 Yes No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	165,076	0	0 0
2014	140,406	0	0 0
2013	75,379	0	0 0
2012	0		0 0
2011			
2 Total of line 1, column (d)			0 0
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			0 0
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			0
5 Multiply line 4 by line 3			0
6 Enter 1% of net investment income (1% of Part I, line 27b)			279
7 Add lines 5 and 6			279
8 Enter qualifying distributions from Part XIII, line 4			184,658

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	279
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2.	3	279
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	279
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	279
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	279
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ►	Refunded	11

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►MO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

Part VII-A Statements Regarding Activities (continued)

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

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

Located at ► 4700 COUNTRY CLUB DRIVE Jefferson City MO

ZIP+4 ► 65109

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

- 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

- 1a During the year did the foundation (either directly or indirectly)
- (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No
- (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No
- (6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No
- b If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ► Organizations relying on a current notice regarding disaster assistance check here. 1b
- c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 1c No
- 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
- a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes No
If "Yes," list the years ► 20____, 20____, 20____, 20____
- b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions) 2b No
- c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____
- 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No
- b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). 3b
- 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a No
- b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4b No

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

- | | | | |
|----|---|---|----|
| 5a | During the year did the foundation pay or incur any amount to
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/> | | 5b |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
<i>If "Yes" to 6b, file Form 8870</i> | | 6b |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? | | 7b |

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

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

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

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	NONE	0
2		
3		
4		

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	
2	

All other program-related investments See instructions

3 _____

Total. Add lines 1 through 3.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

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

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ► and do not complete this part)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	184,658
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	184,658
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	279
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	184,379
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2016				0
a Enter amount for 2015 only.				0
b Total for prior years 2014, 2013, 2012			0	
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.	0			
c From 2013.	75,480			
d From 2014.	140,546			
e From 2015.	165,482			
f Total of lines 3a through e.	381,508			
4 Qualifying distributions for 2016 from Part XII, line 4 ► \$ 184,658				0
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus	184,658			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	566,166			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a.	566,166			
10 Analysis of line 9				
a Excess from 2012.	0			
b Excess from 2013.	75,480			
c Excess from 2014.	140,546			
d Excess from 2015.	165,482			
e Excess from 2016.	184,658			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ►				
b	Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
(1)	Value of all assets				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c	"Support" alternative test—enter				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).				
(3)	Largest amount of support from an exempt organization				
(4)	Gross investment income				

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

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

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					1,25
4 Dividends and interest from securities.					26,66
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).					27,92
13 Total. Add line 12, columns (b), (d), and (e).					27,92

13 Total Add line 12, columns (b), (d), and (e).
(See worksheet in line 13 instructions to verify calculations.)

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

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

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BJC HEALTHCARE 8300 EAGER ROAD STE 600A ST LOUIS, MO 63144		NC	Scholarship	27,000
BOTHWELL REGIONAL HEALTH CENTER 601 EAST 14TH STREET SEDALIA, MO 65301		NC	Scholarship	3,000
CAPITAL REGION MEDICAL CENTER 1125 MADISON STREET JEFFERSON CITY, MO 65101		NC	Scholarship	3,000
CARROLL COUNTY MEMORIAL HOSPITAL 1502 NORTH JEFFERSON STREET CARROLLTON, MO 64633		NC	Scholarship	3,000
CASS REGIONAL MEDICAL CENTER 2800 EAST ROCK HAVEN ROAD HARRISIONVILLE, MO 64701		NC	Scholarship	2,500
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CEDAR COUNTY MEMORIAL HOSPITAL 1401 SOUTH PARK STREET EL DORADO SPRINGS, MO 64744		NC	Scholarship	3,000
FITZGIBBON HOSPITAL 2305 SOUTH HIGHWAY 65 MARSHALL, MO 65340		NC	Scholarship	3,000
FREEMAN HEALTH SYSTEM 1102 WEST 32ND STREET JOPLIN, MO 64804		NC	Scholarship	3,000
HANNIBAL REGIONAL HOSPITAL 6000 HOSPITAL DRIVE HANNIBAL, MO 63401		NC	Scholarship	3,000
HERMANN AREA DISTRICT HOSPITAL 509 WEST 18TH STREET HERMANN, MO 65041		NC	Scholarship	3,000
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MADISON MEDICAL CENTER 611 WEST MAIN STREET FREDERICKTOWN, MO 63645		NC	Scholarship	3,000
MISSOURI DELTA MEDICAL CENTER 1008 NORTH MAIN STREET SIKESTON, MO 63801		NC	Scholarship	3,000
NEVADA REGIONAL MEDICAL CENTER 800 SOUTH ASH STREET NEVADA, MO 64773		NC	Scholarship	3,000
NORTHWEST MEDICAL CENTER ASSOCIATION INC 705 NORTH COLLEGE STREET ALBANY, MO 64402		NC	Scholarship	3,000
PERRY COUNTY MEMORIAL HOSPITAL 434 NORTH WEST STREET PERRYVILLE, MO 63775		NC	Scholarship	3,000
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PUTNAM COUNTY MEMORIAL HOSPITAL 1926 OAK STREET UNIONVILLE, MO 63565		NC	Scholarship	3,000
SALEM MEMORIAL DISTRICT HOSPITAL 35629 HIGHWAY 79 SALEM, MO 65560		NC	Scholarship	3,000
SAMARITAN MEMORIAL HOSPITAL 1205 NORTH MISSOURI STREET MACON, MO 63552		NC	Scholarship	3,000
SCOTLAND COUNTY MEMORIAL HOSPITAL 450 EAST SIGLER AVENUE MEMPHIS, MO 63555		NC	Scholarship	3,000
SOUTHEASTHEALTH 1849 BROADWAY CAPE GIRARDEAU, MO 63701		NC	Scholarship	9,000
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TEXAS COUNTY MEMORIAL HOSPITAL 1333 SOUTH SAM HOUSTON BLVD HOUSTON, MO 65483		NC	Scholarship	3,000
WASHINGTON COUNTY MEMORIAL HOSPITAL 300 HEALTH WAY POTOSI, MO 63664		NC	Scholarship	3,000
WESTERN MISSOURI MEDICAL CENTER 403 BURKARTH ROAD WARRENSBURG, MO 64093		NC	Scholarship	3,000
BARTON COUNTY MEMORIAL HOSPITAL 29 NW 1st LANE LAMAR, MO 64759		NC	Scholarship	3,000
CAMERON REG MED CENTER INC P O BOX 557 CAMERON, MO 64429		NC	Scholarship	3,000
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GOLDEN VALLEY MEMORIAL HOSP 1600 NORTH SECOND ST CLINTON, MO 64735		NC	Scholarship	3,000
HARRISON COUNTY COMMUNITY HOSPITAL 2600 MILLER STREET BETHANY, MO 64424		NC	Scholarship	3,000
PERSHING MEMORIAL HOSPITAL 130 EAST LOCKLING BROOKFIELD, MO 64628		NC	Scholarship	3,000
SLHS - CRITTENTON CHILDREN'S 10918 ELM AVE KANSAS CITY, MO 64134		NC	Scholarship	3,000
SLHS - HENDRICK CHILlicoTHE 2799 NORTH WASHINGTON STREET CHILlicoTHE, MO 64601		NC	Scholarship	3,000
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
STE GENEVIEVE COUNTY MEM HOSP 800 STE GENEVIEVE DR STE GENEVIEVE, MO 63670		NC	Scholarship	3,000
CITIZENS MEMORIAL HOSP DIST 1500 NORTH OAKLAND BOLIVAR, MO 65613		NC	Scholarship	3,000
AMERICAN HEART ASSOCIATION 460 NORTH LINDBERGH BLVD SAINT LOUIS, MO 63141		NC	Gift	550
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR WEST SUITE 140 SAINT LOUIS, MO 63110		NC	Gift	1,000
HANNIBAL REG HOSP FOUNDATION PO BOX 551 HANNIBAL, MO 63401		NC	Gift	1,000
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HANNIBAL FREE CLINIC 3145 HIGHWAY 61 NORTH HANNIBAL, MO 63401		NC	Gift	1,000
HEARTLAND CHRISTIAN SCHOOL 810 SOUTH CEDAR STREET BELTON, MO 64012		NC	Gift	75
JEFFERSON CITY YMCA 525 ELLIS BLVD JEFFERSON CITY, MO 65101		NC	Gift	250
LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH, MO 650650187		NC	Scholarship	3,000
LEUKEMIA & LYMPHOMA SOCIETY - GATEWAY CHAPTERETY 1972 INNERBELT BUSINESS CTR DRIVE SAINT LOUIS, MO 63114		NC	Gift	500
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
NORTHWEST MED CTR ASSN INC DBA NORTHWEST MEDICAL CENTER 705 NORTH COLLEGE ALBANY, MO 64402		NC	Gift	1,000
THE SALVATION ARMY 927 JEFFERSON STREET JEFFERSON CITY, MO 65101		NC	Gift	275
SAMARITAN CENTER PO BOX 1687 JEFFERSON CITY, MO 65102		NC	Gift	530
SAMARITAN MEM HOSP FOUNDATION 1205 NORTH MISSOURI MACON, MO 63552		NC	Gift	1,000
EXCELSIOR SPRINGS HOSPITAL 1700 RAINBOW BLVD EXCELSIOR SPRINGS, MO 64024		NC	Scholarship	3,000
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
IRON COUNTY MEDICAL CENTER 301 N HWY 21 PO BOX 548 PILOT KNOB, MO 63663		NC	Scholarship	2,935
SULLIVAN COUNTY MEMORIAL HOSPITAL 630 WEST THIRD STREET MILAN, MO 63556		NC	Scholarship	3,000
GOOD SHEPARD CENTER 1117 E ADAMS ST LINN, MO 65051		NC	Gift	390
MADISON COUNTY FOUNDATION FOR HEALTH 806 W COLLEGE AVE FREDERICK, MO 63645		NC	Gift	800
UNITED WAY 910 N 11TH STREET SAINT LOUIS, MO 63101		NC	Gift	2,870
Total			►	184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PCHS CHILDREN'S HEALTHCARE FUND 434 N WEST STREET PERRYVILLE, MO 63775		NC	Gift	1,000
CAPITAL REGION MEDICAL CENTER 1125 MADISON STREET JEFFERSON CITY, MO 65101		NC	Gift	1,000
CARROLL COUNTY MEMORIAL HOSPITAL 1502 NORTH JEFFERSON STREET CARROLLTON, MO 64633		NC	Gift	1,000
FITZGIBBON HOSPITAL 2305 SOUTH HIGHWAY 65 MARSHALL, MS 65340		NC	Gift	1,000
FREEMAN HEALTH SYSTEM 1102 WEST 32ND STREET JOPLIN, MO 63401		NC	Gift	1,000
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HERMANN AREA DISTRICT HOSPITAL 509 WEST 18TH STREET HERMANN, MO 65041		NC	Gift	1,000
SCOTLAND COUNTY MEMORIAL HOSPITAL 450 EAST SIGLER AVENUE MEMPHIS, MO 63555		NC	Gift	1,000
BATES COUNTY MEMORIAL HOSPITAL 615 W NURSERY ST BUTLER, MO 64730		NC	SCHOLARSHIP	3,000
ELLET MEMORIAL HOSPITAL 610 N OHIO ST APPLETON CITY, MO 64724		NC	SCHOLARSHIP	3,000
COMMUNITY HOSPITAL - FAIRFAX 26136 US-59 FAIRFAX, MO 64446		NC	SCHOLARSHIP	3,000
Total ►				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
FREEMAN NEOSHO HOSPITAL 113 WEST HICKORY STREET NEOSHO, MO 64850		NC	SCHOLARSHIP	3,000
MOSAIC LIFE CARE 5325 FARAON ST ST JOSEPH, MO 64506		NC	SCHOLARSHIP	3,000
PHELPS COUNTY REGIONAL MED CTR 1000 W 10TH STREET ROLLA, MO 65401		NC	SCHOLARSHIP	3,000
PIKE COUNTY MEMORIAL HOSPITAL 2305 GEORGIA STREET LOUISIANA, MO 63353		NC	SCHOLARSHIP	3,000
SSM HEALTH- AUDRIAN 620 E MONROE ST MEXICO, MO 65265		NC	SCHOLARSHIP	2,943
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CITY UNION MISSION 1100 E 11TH ST KANSAS CITY, MO 64106		NC	GIFTS	1,000
HARRISON COUNTY COMMUNITY HOSPITAL FOUNDATION 2600 MILLER STREET BETHANY, MO 64424		NC	GIFTS	1,000
LAKE REGIONAL HEALTH SYSTEM 54 HOSPITAL DRIVE OSAGE BEACH, MO 65065		NC	GIFTS	1,000
JC ROTARY PO BOX 193 JEFFERSON CITY, MO 65102		NC	GIFTS	110
JOPLIN REGIONAL COMMUNITY FOUNDATION PO BOX 8960 SPRINGFIELD, MO 65801		NC	GIFTS	400
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
KINGDOM HOUSE 1321 S 11TH ST ST LOUIS, MO 63104		NC	GIFTS	50
RONALD MCDONALD HOUSE 300 RONALD MCDONALD HOUSE LN ST LOUIS, MO 63141		NC	GIFTS	600
SAFETY NET OF MISSOURI 315 ELLIS BLVD 302 ST LOUIS, MO 65101		NC	GIFTS	70
ST RAYMOND'S SOCIETY 308 E HIGH ST 207 JEFFERSON CITY, MO 65101		NC	GIFTS	500
VOGELWEID LEARNING CENTER 314 W HIGH ST JEFFERSON CITY, MO 65101		NC	GIFTS	110
Total				184,658
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FREDERICKTOWN FOUNDATION 704 EAST HWY 72 FREDERICKTOWN, MO 63645		NC	GIFTS	100
FREDERICKTOWN OPTIMIST CLUB PO BOX 698 FREDERICKTOWN, MO 63645		NC	GIFTS	100
Total				184,658
3a				

TY 2016 Compensation Explanation

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
EIN: 46-1181892

Person Name	Explanation
Joseph B Moody	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID \$12,000 DURING THE YEAR ENDED 12/31/2016 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR BECKY BRANSON WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Dana L Frese	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID \$12,000 DURING THE YEAR ENDED 12/31/2016 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR BECKY BRANSON WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Richard G Anderson	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID \$12,000 DURING THE YEAR ENDED 12/31/2016 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR BECKY BRANSON WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION
Becky Branson	HOSPITAL SERVICES GROUP, INC ("HSG") PROVIDES MANAGEMENT SERVICES TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION UNDER A CONTRACT SIGNED JANUARY 1, 2014 AND EFFECTIVE UNTIL THE CONTRACT IS CANCELLED OR AMENDED BY EITHER PARTY UNDER SAID CONTRACT, HSG WAS PAID \$12,000 DURING THE YEAR ENDED 12/31/2016 OFFICERS JOSEPH B MOODY, RICHARD G ANDERSON, DANA FRESE, AND EXECUTIVE DIRECTOR BECKY BRANSON WERE PAID THROUGH HSG FOR THEIR SERVICES PROVIDED TO HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION

EIN: 46-1181892

TY 2016 Other Expenses Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION

EIN: 46-1181892

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	3,626			

TY 2016 Other Increases Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION

EIN: 46-1181892

Description	Amount
UNREALIZED GAIN	49,393

TY 2016 Other Professional Fees Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION

EIN: 46-1181892

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

TY 2016 Taxes Schedule

Name: HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION

EIN: 46-1181892

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES AND LICENSES	21			
INCOME TAX	406			

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

OMB No 1545-0047

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

2016**Name of the organization**HEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION**Employer identification number**

46-1181892

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

Form 990-PF

- 527 political organization
 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc. purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc. contributions totaling \$5,000 or more during the year ► \$ _____

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

Name of organization HEALTHCARE SERVICES GROUP CHARITABLE FOUNDATION		Employer identification number 46-1181892	
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Healthcare Services Association 4700 Country Club Drive PO Box 14 Jefferson City, MO65102	\$ 332,000	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions)

Name of organizationHEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION**Employer identification number**

46-1181892

Part II **Noncash Property**

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

Name of organizationHEALTHCARE SERVICES GROUP CHARITABLE
FOUNDATION**Employer identification number**

46-1181892

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

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee