

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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 GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVER AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING OUTSTANDING MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIRONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AND 4) CREATING PARTNERSHIPS TO DELIVER QUALITY CARE

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 \$ 25,846,687	including grants of \$ 130,040	(Revenue \$ 54,980,763)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses	25,846,687
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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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17	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? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	43	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds.			
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 34		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶	
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. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
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. ▶RUTH WENDLER 1650 COWLES STREET FAIRBANKS, AK 99701 (907) 458-5550	

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

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

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
GHEMM COMPANY INC 3861 SCHACHT STREET FAIRBANKS, AK 99701	CONSTRUCTION	36,270,228
BERKELY RESEARCH GROUP LLC 2200 POWELL STREET SUITE 1200 EMERYVILLE, CA 94608	CONSULTING	2,754,242
JOHNSON RIVER ENTERPRISES PO BOX 70377 FAIRBANKS, AK 99707	CONSTRUCTION	1,948,215
FOUNTAINHEAD DEVELOPMENT 1501 QUEENS WAY FAIRBANKS, AK 99701	RENT	1,441,763
DORSEY & WHITNEY LLP 801 GRAND SUITE 4100 DES MOINES, IA 503098002	LEGAL	1,203,302

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Part VIII Statement of RevenueCheck 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	112,383			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	736,921			
	g Noncash contributions included in lines 1a-1f \$		79,907			
	h Total. Add lines 1a-1f		849,304			
Program Service Revenue		Business Code				
	2a RENT HOSPITAL FACILITY	531120	24,330,837	24,330,837		
	b RENT HOSP/LTC FAC ADDITIONAL	531120	20,903,377	20,903,377		
	c RENT - TVC	531120	4,517,706	4,517,706		
	d RENT - 1919 LATHROP	531120	1,907,326	1,907,326		
	e RENT DENALI CENTER	531120	1,761,504	1,761,504		
	f All other program service revenue		1,558,728	1,558,728		
	g Total. Add lines 2a-2f		54,979,478			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,253,300			4,253,300
	4 Income from investment of tax-exempt bond proceeds		56,313			56,313
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	69,233,069 22,720			
	b Less cost or other basis and sales expenses		70,409,287 22,101			
	c Gain or (loss)		-1,176,218 619			
	d Net gain or (loss)		-1,175,599 619			-1,176,218
	8a Gross income from fundraising events (not including \$ 112,383 of contributions reported on line 1c) See Part IV, line 18	a	58,780			
	b Less direct expenses	b	101,454			
	c Net income or (loss) from fundraising events		-42,674			
	9a Gross income from gaming activities See Part IV, line 19	a	1,575			
	b Less direct expenses	b	371			
	c Net income or (loss) from gaming activities		1,204			1,204
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS		900099	666	666		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			666			
12 Total revenue. See Instructions			58,921,992	54,980,763		3,134,599

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	17,420	17,420		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	112,620	112,620		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	227,347		227,347	
c Accounting.	68,765		68,765	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	273,666		273,666	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	983,561	84,000	797,427	102,134
12 Advertising and promotion.	2,894		2,443	451
13 Office expenses.	124,102		118,724	5,378
14 Information technology.				
15 Royalties.				
16 Occupancy.	867,044	867,044		
17 Travel.	104,145		104,145	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	2,792,207	2,792,207		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,567,471	19,567,471		
23 Insurance.	28,752		28,752	
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 FOUNDATION HEALTH START U	5,822,306		5,822,306	
b LETTER OF CREDIT/REMARKET	1,048,571	1,048,571		
c LEASE EXPENSE	850,819	850,819		
d OTHER	504,645	29,041	466,201	9,403
e All other expenses	531,483	477,494	49,831	4,158
25 Total functional expenses. Add lines 1 through 24e.	33,927,818	25,846,687	7,959,607	121,524
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		2,625,260	1	12,030,351	
	2	Savings and temporary cash investments		29,799,015	2	23,179,003	
	3	Pledges and grants receivable, net		89,607	3	60,672	
	4	Accounts receivable, net		5,883,510	4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		461,949	7	371,404	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		2,794,162	9	2,463,866	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	504,319,185			
	b	Less: accumulated depreciation	10b	252,082,764	214,637,435	10c	252,236,421
	11	Investments—publicly traded securities		167,146,842	11	144,900,401	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		43,168,871	15	54,829,674	
16	Total assets. Add lines 1 through 15 (must equal line 34)		466,606,651	16	490,071,792		
Liabilities	17	Accounts payable and accrued expenses		4,694,845	17	4,655,276	
	18	Grants payable			18		
	19	Deferred revenue			19	16,963	
	20	Tax-exempt bond liabilities		149,145,574	20	142,759,786	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		11,440,848	25	9,906,715	
	26	Total liabilities. Add lines 17 through 25		165,281,267	26	157,338,740	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		299,413,146	27	330,370,998	
	28	Temporarily restricted net assets		1,679,416	28	2,119,802	
	29	Permanently restricted net assets		232,822	29	242,252	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		301,325,384	33	332,733,052	
	34	Total liabilities and net assets/fund balances		466,606,651	34	490,071,792	

Part XI Reconciliation of Net AssetsCheck 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	58,921,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,927,818
3	Revenue less expenses Subtract line 2 from line 1	3	24,994,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	301,325,384
5	Net unrealized gains (losses) on investments	5	4,869,931
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,543,563
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	332,733,052

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 92-0035784
Name: THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Form 990 (2016)

Form 990, Part III, Line 4a:

GFCHF BUILDS/LEASES MEDICAL FACILITIES TO SERVE THE INTERIOR ALASKA COMMUNITY (100,000 + PEOPLE) IT LEASES AN EQUIPPED HOSPITAL/LONG-TERM CARE FACILITY, IMAGING CENTER, CANCER TREATMENT CENTER, AND HEART CENTER TO BANNER HEALTH (AN UNRELATED NON-PROFIT ORGANIZATION) AND LEASES OTHER MEDICAL OFFICE FACILITIES TO CLINICS AND INDIVIDUAL DOCTORS AS WELL AS BANNER HEALTH GFCHF'S DEVELOPMENT PROGRAM IS FOCUSED ON SOLICITING CONTRIBUTIONS, INCREASING AWARENESS OF THE ORGANIZATION, AND ENGAGING THE COMMUNITY IN GFCHF EVENTS THE NEW FMH SURGERY CENTER, CIRCLE OF HOPE (CANCER CENTER), WITH ALL YOUR HEART (PORTER HEART CENTER) AND FMH MEDICAL HOSPICE ARE THE MOST ACTIVE CURRENT CAMPAIGNS

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			
JEFF COOK PRESIDENT	20 00	X		X				0	0	0
MIKE KELLY 1ST VP	1 00	X		X				0	0	0
MARGARET SODEN 2ND VP	0 80	X		X				0	0	0
GARY RODERICK 2ND VP	20 00	X		X				0	0	0
ROGER FLOERCHINGER TREASURER	0 80	X		X				0	0	0
JOE FAULHABER SECRETARY	20 00	X		X				0	0	0
SCOTT BELL CONSTR CHAIR	1 10	X						0	0	0
WALTER CARLO TRUSTEE EMER		X						0	0	0
ELIZABETH SCHOK TRUSTEE	0 20	X						0	0	0
RON DAVIS TRUSTEE	0 40	X						0	0	0

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	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			
WILLIAM H DOOLITTLE MD TRUSTEE EMER		X						0	0	0
ANDREA GELVIN TRUSTEE EMER	0 20	X						0	0	0
GAIL HATTAN TRUSTEE	0 80	X						0	0	0
CHERYL KILGORE TRUSTEE	0 40	X						0	0	0
DAVID MCNARY TRUSTEE	0 40	X						0	0	0
WILLIAM W MENDENHALL TRUSTEE EMER	0 60	X						0	0	0
RICHARD SEIFERT TRUSTEE EMER	0 50	X						0	0	0
KEIR FOWLER TRUSTEE		X						0	0	0
DON THIBEDEAU TRUSTEE	0 20	X						0	0	0
STEVE STEPHENS TRUSTEE EMER		X						0	0	0

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			
BECKY ZAVERL TRUSTEE	0 20	X						0	0	0
BERNARD GATEWOOD TRUSTEE	0 30	X						0	0	0
GALEN JOHNSON TRUSTEE	0 70	X						0	0	0
MICHAEL SFRAGA TRUSTEE	0 10	X						0	0	0
BENJAMIN ROTH TRUSTEE	0 30	X						0	0	0
MARK SIMON TRUSTEE	0 90	X						0	0	0
RODNEY BROWN TRUSTEE	0 10	X						0	0	0
CHARLENE OSTBLOOM TRUSTEE		X						0	0	0
BILL VIVLAMORE TRUSTEE	0 80	X						0	0	0
RYAN BINKLEY TRUSTEE	0 70	X						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours)	(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	(E) Reportable compensation from organ
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(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			
KAREN PERDUE TRUSTEE	0 70	X						0	0	0
BILL BAILEY TRUSTEE	0 20	X						0	0	0
MATT WILKEN TRUSTEE	0 10	X						0	0	0
CHRIS JENSEN TRUSTEE		X						0	0	0
DANTE CONLEY TRUSTEE	0 20	X						0	0	0
RICHARD HATTAN TRUSTEE	0 20	X						0	0	0
STEVE FRANK TRUSTEE	0 40	X						0	0	0
MARK MILES TRUSTEE	0 00	X						0	0	0
SHELLEY EBENAL ED/ GEN COUN	40 00			X				0	0	0
RUTH WENDLER CFO	30 00			X				0	0	0

SCHEDULE A (Form 990 or 990-EZ)	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 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED		Employer identification number 92-0035784

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 _____
- 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		
Total						

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 ")	1,448,967	765,843	495,020	651,988	849,304	4,211,122
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	1,448,967	765,843	495,020	651,988	849,304	4,211,122
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						4,211,122

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	1,448,967	765,843	495,020	651,988	849,304	4,211,122
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,288,306	4,918,376	6,180,648	5,974,594	4,309,613	27,671,537
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)				28,300	1,575	29,875
11	Total support. Add lines 7 through 10						31,912,534
12	Gross receipts from related activities, etc (see instructions)					12	205,424,164
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 ► ☐						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	13 200 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	11 300 %
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 ▶ ☐		
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 ▶ ☐		
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 ▶ ☒		
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 ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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

(Complete only if you checked the box on line 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** ☐

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 ☐

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 ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

	(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 ☐ 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

STATEMENT FOR PART IV, SCHEDULE A - CONCERNING FACTS AND CIRCUMSTANCES "TEST" COMPLIANCE FOR TAX YEARS 2016 AND 2015, THE HOSPITAL FOUNDATION IS SHY OF HITTING THE AUTOMATIC PUBLIC CHARITY STANDARD OF 33 33 PERCENT UNDER 509(A)(1)/170(B) (1)(A)(VI) IT ACHIEVED (IN ROUNDED NUMBERS) 13 AND 11 PERCENT FOR 2016 AND 2015, RESPECTIVELY BOTH YEARS' MATHEMATICAL RESULTS REFLECT THE PRESENCE, OVER THEIR RESPECTIVE TEST PERIODS, OF A VARIETY OF FACTORS THAT MAKE IT DIFFICULT FOR THE HOSPITAL FOUNDATION TO ACHIEVE A 33 33 PERCENT OR GREATER RESULT AS NOTED BELOW THEIR PRESENCE (AND THE PUBLIC SUPPORT TEST PERCENTAGES RESULTING THEREFROM), DOES NOT MEAN THAT THE HOSPITAL FOUNDATION HAS FAILED TO BE SUPPORTED BY THE PUBLIC NOR THAT IT FAILS TO BE RESPONSIVE TO THE NEEDS OF THE WIDER PUBLIC WITH RESPECT TO MEETING THE "FACTS AND CIRCUMSTANCES TEST" OVERALL, THE HOSPITAL FOUNDATION ALWAYS HAS SOLICITED SUPPORT FROM A LARGE POOL OF INDIVIDUALS AND CORPORATE FUNDERS IN AND REPRESENTATIVE OF THE WIDER COMMUNITY IT CONTINUALLY WORKS TO ESTABLISH RELATIONSHIPS WITH POTENTIAL NEW CORPORATE AND/OR COMMUNITY "PARTNERS", INCLUDING OTHER 501(C)(3) PUBLIC CHARITIES AND AGENCIES WHOSE WORK OR GOALS ARE IN AFFINITY WITH THOSE OF THE HOSPITAL FOUNDATION WHILE THE BOARD OF TRUSTEES AND THE HOSPITAL FOUNDATION'S OFFICERS PURSUE AN AMBITIOUS AND DIVERSE STRATEGY OF MAXIMIZING RETURN ON INVESTMENT ASSETS, THEY ARE WELL AWARE THAT SUCCESSES IN THAT FIELD MUST BE LEVERAGED TO THE END OF SOLICITING MORE DONATIVE SUPPORT INDEED, THE BOARD OF TRUSTEES IS WELL SUITED TO SUCH TASK, AS ITS MEMBERS ARE BROADLY REPRESENTATIVE OF THE GENERAL PUBLIC, AND ARE THEMSELVES PERSONS WITH EXPERTISE IN THE HOSPITAL FOUNDATION'S UNDERTAKINGS AND PURPOSES AS WELL AS CAPABLE AND RESPECTED COMMUNITY LEADERS PERCENTAGE OF SUPPORT AS INDICATED ON PAGE 2 OF SCHEDULE A, THE PUBLIC PERCENTAGE SUPPORT IS IN EXCESS OF 13 PERCENT THIS CALCULATION INCLUDES INVESTMENT INCOME FROM FUNDS SET ASIDE FOR FUTURE CONSTRUCTION COSTS AND TO SATISFY BOND COMPLIANCE REQUIREMENTS THESE INVESTMENTS HAVE GROWN IN SIZE, PARTIALLY BECAUSE BUILDING AND EQUIPMENT NEEDS IN THE PAST WERE FUNDED WITH CONTRIBUTIONS AND GRANTS FROM THE GOVERNMENT AND GENERAL PUBLIC AS WELL AS PROCEEDS FROM THE ISSUANCE OF BONDS THIS HAS ALLOWED INCOME GENERATED FROM OPERATIONS TO BE AVAILABLE FOR INVESTMENT MONEY FROM OPERATIONS IS NOW USED TO FUND CONSTRUCTION AND EQUIPMENT THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GREW INCREMENTALLY OVER THE LAST 40 YEARS AND A CONTINUAL EXPANSION IS EXPECTED IN 2004, THE HOSPITAL FOUNDATION EMBARKED ON A SERIES OF MAJOR CONSTRUCTION PROJECTS ON AND AROUND THE HOSPITAL CAMPUS ESTIMATED BETWEEN 175 MILLION TO 200 MILLION BECAUSE OF ITS STRONG CASH AND INVESTMENT POSITION, THE HOSPITAL FOUNDATION WAS ABLE TO TAKE ADVANTAGE OF AN OPPORTUNITY TO BORROW 120 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY THE PROCEEDS FROM THE BOND ISSUANCE AND THE HOSPITAL FOUNDATION'S INVESTMENTS HAVE BEEN USED TO FINANCE THESE PROJECTS IN 2009, THE FOUNDATION ISSUED ADDITIONAL BONDS TO ASSIST IN THE FINANCING FOR THE CONSTRUCTION OF THE HARRY AND SALLY PORTER HEART CENTER IN 2014, THE FOUNDATION BORROWED AN ADDITIONAL 55 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY TO FUND THE CONSTRUCTION OF A NEW SURGERY CENTER SOURCES OF SUPPORT INCLUDED IN CONTRIBUTIONS ARE MANY DONATIONS FROM THE GENERAL PUBLIC IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL, LONG-TERM CARE, AND CANCER TREATMENT CENTER FACILITIES AND OPERATIONS THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION OWNS THE ONLY CIVILIAN HOSPITAL IN THE FAIRBANKS NORTH STAR BOROUGH OF ALASKA AND SERVES PEOPLE THROUGHOUT THE FAIRBANKS NORTH STAR BOROUGH, AS WELL AS THE "BUSH AREAS" OF INTERIOR ALASKA THE CLOSEST FACILITY OF THIS CALIBER IS IN THE ANCHORAGE AREA WHICH IS 360 MILES SOUTH OF FAIRBANKS THE DONATIONS RECEIVED IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GENERALLY ARE FROM PEOPLE AND ORGANIZATIONS LOCATED IN INTERIOR ALASKA DONATION DRIVES OCCUR REGULARLY TO FUND PARTICULARLY COSTLY ADDITIONS TO THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS OR FOR EXPENSIVE EQUIPMENT, SUCH AS THE RECENT DRIVE TO FUND THE CONSTRUCTION OF THE SURGERY CENTER PATIENTS LOCATED IN INTERIOR ALASKA NO LONGER HAVE TO TRAVEL TO ANCHORAGE OR THE LOWER 48 WITH CARDIAC ISSUES THIS PROJECT WAS FUNDED FROM DONATIONS FROM INDIVIDUALS AND LOCAL BUSINESS ENTERPRISES AND FROM PROCEEDS FROM ISSUANCE OF BONDS DONATIONS ARE ALSO RECEIVED ON AN ON-GOING BASIS FROM INDIVIDUALS AND BUSINESS ENTERPRISES WISHING TO SUPPORT THE HOSPITAL FOUNDATION'S MISSION GOVERNING BOARD THERE ARE 34 VOLUNTEER MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL FOUNDATION TWENTY OF THE TRUSTEES ARE ELECTED AT ANNUAL MEETINGS BY THE MEMBERSHIP FOR STAGGERED THREE-YEAR TERMS THE PRESIDENT APPOINTS TWO ADDITIONAL TRUSTEES TO ONE-YEAR TERMS, THE 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PARTICIPATION IN PROGRAMS OR POLICIES THE HOSPITAL FOUNDATION IS A VISIBLE MEMBER OF THE COMMUNITY AND OFFERS ITS MEDICAL FACILITIES FOR USE BY MEDICAL AND HEALTH PROFESSIONALS, AND THE GENERAL PUBLIC FOR INFORMATION AND EDUCATION CAMPAIGNS THE HOSPITAL FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION UNDER ORDINANCES ENACTED BY THE ELECTED OFFICIALS OF OUR LOCAL GOVERNMENT, THE FAIRBANKS NORTH STAR BOROUGH, AND IS THEREFORE EXEMPT FROM LOCAL PROPERTY TAXES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	GAMING INCOME 29,875

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	STATEMENT FOR PART IV, SCHEDULE A - CONCERNING FACTS AND CIRCUMSTANCES "TEST" COMPLIANCE F OR TAX YEARS 2016 AND 2015, THE HOSPITAL FOUNDATION IS SHY OF HITTING THE AUTOMATIC PUBLIC CHARITY STANDARD OF 33 33 PERCENT UNDER 509(A)(1)/170(B) (1)(A)(VI) IT ACHIEVED (IN ROUN DED NUMBERS) 13 AND 11 PERCENT FOR 2016 AND 2015, RESPECTIVELY BOTH YEARS' MATHEMATICAL R ESULTS REFLECT THE PRESENCE, OVER THEIR RESPECTIVE TEST PERIODS, OF A VARIETY OF FACTORS T HAT MAKE IT DIFFICULT FOR THE HOSPITAL FOUNDATION TO ACHIEVE A 33 33 PERCENT OR GREATER RE SULT AS NOTED BELOW THEIR PRESENCE (AND THE PUBLIC SUPPORT TEST PERCENTAGES RESULTING THE REFROM), DOES NOT MEAN THAT THE HOSPITAL FOUNDATION HAS FAILED TO BE SUPPORTED BY THE PUBL IC NOR THAT IT FAILS TO BE RESPONSIVE TO THE NEEDS OF THE WIDER PUBLIC WITH RESPECT TO ME ETING THE "FACTS AND CIRCUMSTANCES TEST" OVERALL, THE HOSPITAL FOUNDATION ALWAYS HAS SOLIC ITED SUPPORT FROM A LARGE POOL OF INDIVIDUALS AND CORPORATE FUNDERS IN AND REPRESENTATIVE OF THE WIDER COMMUNITY IT CONTINUALLY WORKS TO ESTABLISH RELATIONSHIPS WITH POTENTIAL NEW CORPORATE AND/OR COMMUNITY "PARTNERS", INCLUDING OTHER 501(C)(3) PUBLIC CHARITIES AND AGE NCIES WHOSE WORK OR GOALS ARE IN AFFINITY WITH THOSE OF THE HOSPITAL FOUNDATION WHILE THE BOARD OF TRUSTEES AND THE HOSPITAL FOUNDATION'S OFFICERS PURSUE AN AMBITIOUS AND DIVERSE STRATEGY OF MAXIMIZING RETURN ON INVESTMENT ASSETS, THEY ARE WELL AWARE THAT SUCCESSSES IN THAT FIELD MUST BE LEVERAGED TO THE END OF SOLICITING MORE DONATIVE SUPPORT INDEED, THE B OARD OF TRUSTEES IS WELL SUITED TO SUCH TASK, AS ITS MEMBERS ARE BROADLY REPRESENTATIVE OF THE GENERAL PUBLIC, AND ARE THEMSELVES PERSONS WITH EXPERTISE IN THE HOSPITAL FOUNDATION' S UNDERTAKINGS AND PURPOSES AS WELL AS CAPABLE AND RESPECTED COMMUNITY LEADERS PERCENTAGE OF SUPPORT AS INDICATED ON PAGE 2 OF SCHEDULE A, THE PUBLIC PERCENTAGE SUPPORT IS IN EXCE SS OF 13 PERCENT THIS CALCULATION INCLUDES INVESTMENT INCOME FROM FUNDS SET ASIDE FOR FUT URE CONSTRUCTION COSTS AND TO SATISFY BOND COMPLIANCE REQUIREMENTS THESE INVESTMENTS HAVE GROWN IN SIZE, PARTIALLY BECAUSE BUILDING AND EQUIPMENT NEEDS IN THE PAST WERE FUNDED WIT H CONTRIBUTIONS AND GRANTS FROM THE GOVERNMENT AND GENERAL PUBLIC AS WELL AS PROCEEDS FROM THE ISSUANCE OF BONDS THIS HAS ALLOWED INCOME GENERATED FROM OPERATIONS TO BE AVAILABLE FOR INVESTMENT MONEY FROM OPERATIONS IS NOW USED TO FUND CONSTRUCTION AND EQUIPMENT THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GREW INCREMENTALLY OVER THE LAST 40 YEARS AND A CONTI NUAL EXPANSION IS EXPECTED IN 2004, THE HOSPITAL FOUNDATION EMBARKED ON A SERIES OF MAJOR CONSTRUCTION PROJECTS ON AND AROUND THE HOSPITAL CAMPUS ESTIMATED BETWEEN 175 MILLION TO 200 MILLION BECAUSE OF ITS STRONG CASH AND INVESTMENT POSITION, THE HOSPITAL FOUNDATION W AS ABLE TO TAKE ADVANTAGE OF AN OPPORTUNITY TO BORROW 120 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY THE PROCEEDS FROM THE BOND ISSUAN

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	CE AND THE HOSPITAL FOUNDATION'S INVESTMENTS HAVE BEEN USED TO FINANCE THESE PROJECTS IN 2009, THE FOUNDATION ISSUED ADDITIONAL BONDS TO ASSIST IN THE FINANCING FOR THE CONSTRUCTION OF THE HARRY AND SALLY PORTER HEART CENTER IN 2014, THE FOUNDATION BORROWED AN ADDITIONAL 55 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY TO FUND THE CONSTRUCTION OF A NEW SURGERY CENTER SOURCES OF SUPPORT INCLUDED IN CONTRIBUTIONS ARE MANY DONATIONS FROM THE GENERAL PUBLIC IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL, LONG-TERM CARE, AND CANCER TREATMENT CENTER FACILITIES AND OPERATIONS THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION OWNS THE ONLY CIVILIAN HOSPITAL IN THE FAIRBANKS NORTH STAR BOROUGH OF ALASKA AND SERVES PEOPLE THROUGHOUT THE FAIRBANKS NORTH STAR BOROUGH, AS WELL AS THE "BUSH AREAS" OF INTERIOR ALASKA THE CLOSEST FACILITY OF THIS CALIBER IS IN THE ANCHORAGE AREA WHICH IS 360 MILES SOUTH OF FAIRBANKS THE DONATIONS RECEIVED IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GENERALLY ARE FROM PEOPLE AND ORGANIZATIONS LOCATED IN INTERIOR ALASKA DONATION DRIVES OCCUR REGULARLY TO FUND PARTICULARLY COSTLY ADDITIONS TO THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS OR FOR EXPENSIVE EQUIPMENT, SUCH AS THE RECENT DRIVE TO FUND THE CONSTRUCTION OF THE SURGERY CENTER PATIENTS LOCATED IN INTERIOR ALASKA NO LONGER HAVE TO TRAVEL TO ANCHORAGE OR THE LOWER 48 WITH CARDIAC ISSUES THIS PROJECT WAS FUNDED FROM DONATIONS FROM INDIVIDUALS AND LOCAL BUSINESS ENTERPRISES AND FROM PROCEEDS FROM ISSUANCE OF BONDS DONATIONS ARE ALSO RECEIVED ON AN ON-GOING BASIS FROM INDIVIDUALS AND BUSINESS ENTERPRISES WISHING TO SUPPORT THE HOSPITAL FOUNDATION'S MISSION GOVERNING BOARD THERE ARE 34 VOLUNTEER MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL FOUNDATION TWENTY OF THE TRUSTEES ARE ELECTED AT ANNUAL MEETINGS BY THE MEMBERSHIP FOR STAGGERED THREE-YEAR TERMS THE PRESIDENT APPOINTS TWO ADDITIONAL TRUSTEES TO ONE-YEAR TERMS, THE HOSPITAL MEDICAL STAFF ELECTS TWO ADDITIONAL TRUSTEES FOR THREE YEAR TERMS, AND THE HOSPITAL OPERATORS EMPLOYEES ELECT ONE ADDITIONAL TRUSTEE FOR A THREE YEAR TERM A GENERAL MEMBERSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS IS ELIGIBLE TO BECOME AN EMERITUS TRUSTEE THE TRUSTEES MUST BE MEMBERS OF THE HOSPITAL FOUNDATION MEMBERSHIP TO THE HOSPITAL FOUNDATION IS 25 PER YEAR OR 1,000 TO BE A LIFETIME MEMBER ANY INDIVIDUAL INTERESTED IN FOSTERING THE PURPOSES OF THE HOSPITAL FOUNDATION IS ELIGIBLE FOR MEMBERSHIP EACH MEMBER IN GOOD STANDING IS ELIGIBLE TO VOTE AT THE ANNUAL MEETING AVAILABILITY OF PUBLIC FACILITIES OR SERVICES THE FACILITIES AND SERVICES OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS AND ALL OF ITS RESOURCES ARE AVAILABLE TO ANY MEMBER OF THE GENERAL PUBLIC, REGARDLESS OF WHERE THEY LIVE THIS INCLUDES CITIZENS OF THE FAIRBANKS NORTH STAR BOROUGH, INDIVIDUALS WHO LIVE IN RURAL ALASKA, AS WELL AS TOURISTS AND VISITORS TO OUR

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	COMMUNITY PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES THE HOSPITAL FOUNDATION IS A VISIBLE MEMBER OF THE COMMUNITY AND OFFERS ITS MEDICAL FACILITIES FOR USE BY MEDICAL AND HEALTH PROFESSIONALS, AND THE GENERAL PUBLIC FOR INFORMATION AND EDUCATION CAMPAIGNS THE HOSPITAL FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION UNDER ORDINANCES ENACTED BY THE ELECTED OFFICIALS OF OUR LOCAL GOVERNMENT, THE FAIRBANKS NORTH STAR BOROUGH, AND IS THEREFORE EXEMPT FROM LOCAL PROPERTY TAXES



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493317067947	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► 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.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED				Employer identification number 92-0035784	
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?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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	232,822	241,809	235,131	217,786	88,400
b Contributions					122,934
c Net investment earnings, gains, and losses	9,430	-8,987	6,678	17,345	6,452
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	242,252	232,822	241,809	235,131	217,786

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

(ii) related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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		12,952,050		12,952,050
b Buildings		303,136,462	168,929,145	134,207,317
c Leasehold improvements				
d Equipment		106,472,054	79,659,983	26,812,071
e Other		81,758,619	3,493,636	78,264,983
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				252,236,421

Schedule D (Form 990) 2016

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) INVESTMENT IN FOUNDATION HEALTH	44,536,182
(2) TRUST ASSETS - BOND TRUSTEE	8,205,241
(3) DUE FROM TVMS	1,293,361
(4) ACCRUED INTEREST RECEIVABLE	343,694
(5) TRUST ASSETS - BANNER HEALTH	181,345
(6) TRUST ASSETS - ALASKA COMM FOUND	153,851
(7) TENANTS ALLOWANCE	116,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	54,829,674

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	
INTEREST RATE SWAP DERIVATIVE	9,906,715
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	9,906,715

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	65,437,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	4,869,931
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,645,389
e	Add lines 2a through 2d	2e	6,515,320
3	Subtract line 2e from line 1	3	58,921,992
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	58,921,992

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	34,029,644
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	101,826
e	Add lines 2a through 2d	2e	101,826
3	Subtract line 2e from line 1	3	33,927,818
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	33,927,818

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: 92-0035784
Name: THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE PRINCIPAL OF THE ENDOWMENT FUNDS IS PERMANENTLY RESTRICTED AND THE INCOME IS TO BE USED FOR OPERATIONS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS EXEMPT FROM INCOME TAXES AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION FASB ASC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REQUIRES THE FOUNDATION TO RECOGNIZE A LIABILITY FOR UNCERTAIN TAX POSITIONS WHERE A LIABILITY WOULD MORE LIKELY THAN NOT BE ASSESSED BY A TAXING AUTHORITY RECOGNITION OF A LIABILITY, IF ANY, IS SUBJECT TO ESTIMATION AND MANAGEMENT JUDGMENT NO LIABILITIES HAVE BEEN RECOGNIZED IN THE 2016 FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	GAIN (LOSS) FROM CHANGE IN FAIR VALUE DERIVATIVE 1,534,133 GAIN ON ALASKA COMMUNITY FOUNDATION 9,430 EVENT EXPENSES 101,455 DIRECT GAMING EXPENSES 371

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EVENT EXPENSES 101,455 DIRECT GAMING EXPENSES 371

Supplemental Information Regarding Fundraising or Gaming Activities

2016

Open to Public Inspection

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

92-0035784

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

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

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Revenue		(a) Event #1 FIDDLE FEST (event type)	(b) Event #2 PLANT SALE (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	97,353	25,345	41,427	164,125
	2 Less Contributions	86,200	1,796	21,712	109,708
	3 Gross income (line 1 minus line 2)	11,153	23,549	19,715	54,417
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,055			2,055
	7 Food and beverages	2,263		5,354	7,617
	8 Entertainment	27,500		2,200	29,700
	9 Other direct expenses	38,723	2,802	15,298	56,823
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				96,195
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-41,778

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

- 9** Enter the state(s) in which the organization conducts gaming activities AK
- a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
- b** If "No," explain _____

- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No
- b** If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference

Explanation

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BANNER MEDICAL-TANANA VALLEY CLIN 1001 NOBLE STREET FAIRBANKS, AK 99701	90-0532830	3	13,000				ON CALL COVERAGE

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

3 Enter total number of other organizations listed in the line 1 table ▶

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) TUITION REIMBURSEMENT	3	8,053			
(2) STIPENDS	8	44,000			
(3) PHYSICIAN SIGNING BONUS	1	20,000			
(4) INCOME GUARANTEE	1	40,567			
(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
SCHEDULE I, PAGE 1, PART I, LINE 2	GRANT FUNDS ARE BASED ON REIMBURSEMENTS OF ACTUAL EXPENSES AMOUNTS ARE PAID UPON RECEIPT OF INVOICES
SCHEDULE I, PAGE 4, PART IV	PART II, LINE 1 ASSISTANCE PROVIDED TO TANANA VALLEY CLINIC IS REIMBURSEMENT FOR ON CALL COVERAGE PART III, LINE 1 TUITION REIMBURSEMENT - IN ORDER TO ENCOURAGE QUALITY HEALTH CARE, THE FOUNDATION PROVIDED TUITION REIMBURSEMENT TO LOCAL EMPLOYEES AT FAIRBANKS MEMORIAL HOSPITAL THE EMPLOYEES ARE APPROVED PER BANNER HEALTH POLICIES ONCE THEY ARE APPROVED, THEY SUBMIT A REIMBURSEMENT REQUEST FORM WITH SUPPORTING DOCUMENTATION TO THE FOUNDATION THE FORM IS SIGNED BY THE EMPLOYEE AND HIS/HER IMMEDIATE SUPERVISOR THE REQUEST IS APPROVED BY THE FOUNDATION'S EXECUTIVE DIRECTOR PRIOR TO BEING PAID PART III, LINE 2 STIPENDS ARE OFFERED TO A LIMITED NUMBER OF MEDICAL STUDENTS TO ASSIST IN HOUSING COSTS PART III, LINE 3 PHYSICIAN SIGNING BONUS IS TO PROMOTE PHYSICIAN RECRUITMENT PART III, LINE 4 INCOME GUARANTEE TO PROMOTE PHYSICIAN RECRUITMENT

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

► 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.

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A AIDEA	92-6001185	011903DK4	04-01-2009	90,088,688	REFUND PRIOR ISSUE DATED 10/24/04		X		X		X
B AIDEA	92-6001185	011903DL2	11-05-2009	29,120,762	REFUND PRIOR ISSUE DATED 10/24/04 AND CONSTRUCTION		X		X		X
C AIDEA	92-6001185	011903EX5	04-03-2014	54,892,789	FUND HOSPITAL PROJECTS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,015,000		1,305,000		1,645,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	90,088,688		29,120,762		54,983,686			
4	Gross proceeds in reserve funds	2,858,000		1,244,500		4,024,325			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,239,608		582,415		866,060			
8	Credit enhancement from proceeds	671,925		50,660					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			8,593,962		50,093,301			
11	Other spent proceeds	85,319,155		18,649,225					
12	Other unspent proceeds								
13	Year of substantial completion	2006		2010		2016			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use											
		A		B		C		D			
		Yes	No	Yes	No	Yes	No	Yes	No		
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X		

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		
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		
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?								
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 ▶								
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								
7 Does the bond issue meet the private security or payment test? . . .		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		
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?								
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			

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		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?		X		X		X		
c No rebate due?	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		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b Name of provider	CITIGROUP		CITIGROUP					
c Term of hedge	1800 0000000000 %		1800 0000000000 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

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		
b Name of provider	CITIGROUP							
c Term of GIC	1800 0000000000 %							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		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		

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	AIDEA 06/23/14 AIDEA 06/23/14

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	AIDEA SCHEDULE K, PART II, LINE 3 C - TOTAL PROCEEDS OF ISSUE ORIGINAL PROCEEDS OF ISSUE 54,892,789 INTEREST EARNED ON PROCEEDS 90,897 TOTAL PROCEEDS FROM ISSUE 54,983,686

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	1	44,307	FAIR MARKET VALUE
26 Other ► (<u>CONSTRUCTION</u>)	X	1	35,600	FAIR MARKET VALUE
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

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**

Employer identification number

92-0035784

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVER AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING OUTSTANDING MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIRONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AND 4) CREATING PARTNERSHIPS TO DELIVER QUALITY CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	PART IX, LINE 11G - FEES FOR SERVICES - OTHER PROFESSIONAL FEES 324,012 COMPENSATION OF CURRENT OFFICERS 303,401 OTHER SALARIES AND WAGES 262,637 OTHER EMPLOYEE BENEFITS 60,728 PAYROLL TAXES 32,783 TOTAL FEES FOR SERVICES - OTHER 983,561

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	PART V, LINE 2A & PART VII, SECTION A THE FOUNDATION "EMPLOYEE" PAYROLL OCCURS THROUGH BANNER HEALTH, AN UNRELATED ORGANIZATION WHO LEASES ITS EMPLOYEES TO THE FOUNDATION THE FOUNDATION REIMBURSES BANNER ON A MONTHLY BASIS FOR ALL OF ITS PAYROLL COSTS RELATED TO THE INDIVIDUALS WHO PROVIDE SERVICES TO THE FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE FOUNDATION HAS FOUR CLASSES OF MEMBERS, AND MEMBERSHIP IS ON AN ANNUAL BASIS. THE DESIGNATION OF SUCH CLASSES AND THE QUALIFICATIONS OF THE MEMBERS OF SUCH CLASSES ARE AS FOLLOWS: (A) GENERAL MEMBERSHIP. ANY INDIVIDUAL WHO IS A RESIDENT OF ALASKA AND WHO IS NOT A MEMBER OF THE CLASSES SET FORTH IN (B)-(C) IS ELIGIBLE FOR A GENERAL MEMBERSHIP IN THE FOUNDATION. (B) FACILITY MEMBERSHIP. ANY INDIVIDUAL, WHO IS AN EMPLOYEE OF BANNER HEALTH, AND OR ITS SUBSIDIARIES OR AFFILIATED COMPANIES, IS ELIGIBLE FOR A FACILITY MEMBERSHIP IN THE FOUNDATION. (C) MEDICAL STAFF MEMBERSHIP. ANY INDIVIDUAL WHO IS A CREDENTIALLED MEMBER OR AFFILIATE OF THE MEDICAL STAFF OF THE FACILITIES OWNED BY THE FOUNDATION AND WHO IS NOT ELIGIBLE FOR A FACILITY MEMBERSHIP SHALL BE ELIGIBLE FOR A MEDICAL STAFF MEMBERSHIP IN THE FOUNDATION. (D) ASSOCIATED MEMBERSHIP. ANY PERSON NOT ELIGIBLE FOR MEMBERSHIP IN THE FOUNDATION UNDER (A)-(C) ABOVE IS ELIGIBLE FOR AN ASSOCIATE MEMBERSHIP IN THE FOUNDATION. ASSOCIATE MEMBERSHIP MEMBERS MAY INCLUDE CORPORATIONS, UNINCORPORATED ASSOCIATIONS, OR OTHER ENTITIES. ASSOCIATE MEMBERS DO NOT HAVE ANY RIGHTS OF GENERAL MEMBERSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	EACH CLASS MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE FOR THE CLASS, EXCEPT THAT ASSOCIATE MEMBERS HAVE NO VOTING RIGHTS OF ANY KIND WITH RESPECT TO THE FOUNDATION. AN ANNUAL MEETING OF THE MEMBERS SHALL BE HELD IN MAY OF EACH YEAR FOR THE PURPOSE OF THE ELECTION OF TRUSTEES OF THE FOUNDATION, THE REVIEW OF ANNUAL REPORTS, AND A DISCUSSION OF FOUNDATION BUSINESS AND ACTIVITIES. THE AFFAIRS OF THE FOUNDATION SHALL BE MANAGED SOLELY BY ITS BOARD OF TRUSTEES. TRUSTEES MUST BE RESIDENTS OF THE STATE OF ALASKA. THE GENERAL MEMBERSHIP SHALL ELECT TWENTY TRUSTEES FROM THE CLASS OF GENERAL MEMBERS TO SERVE FOR THREE YEAR TERMS. ONE TRUSTEE SHALL BE ELECTED ON BEHALF OF THE FACILITY MEMBERSHIP. THE MEDICAL STAFF SHALL ELECT TWO TRUSTEES FROM THE MEDICAL STAFF. THE PRESIDENT SHALL APPOINT TWO INDIVIDUALS TO SERVE AS TRUSTEES FOR ONE YEAR TERMS. A GENERAL MEMBERSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS SHALL BECOME AN EMERITUS TRUSTEE. AN EMERITUS TRUSTEE SHALL BE A LIFELONG TRUSTEE WITH ALL RIGHTS AND PRIVILEGES OF A GENERAL MEMBERSHIP TRUSTEE, INCLUDING BUT NOT LIMITED TO VOTING RIGHTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS SENT VIA EMAIL TO THE FINANCE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EACH TRUSTEE AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS IS REQUIRED ON AN ANNUAL BASIS TO SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, C) HAS AGREED TO COMPLY WITH THE POLICY, D) HAS DISCLOSED ALL KNOWN ACTUAL AND POSSIBLE CONFLICTS OF INTEREST INVOLVING SUCH PERSON AND HIS/HER FAMILY, AND E) UNDERSTANDS THAT THE FOUNDATION IS A TAX-EXEMPT CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES TO ENSURE THAT THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE REQUIRED TO BE CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE VOTED TO RETAIN THE EXECUTIVE DIRECTOR/GENERAL COUNSEL ON THE TERMS OF THE EMPLOYMENT AGREEMENT PROPOSED BY THE HIRING COMMITTEE IN 2007 THE COMPENSATION WAS SET WITHIN THE PERMISSIBLE RANGES PER THE BANNER HEALTH COMPENSATION AND BENEFITS DEPARTMENT THESE RANGES ARE ESTABLISHED AND PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE OF BANNER HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE FINANCE COMMITTEE VOTED TO HIRE THE CHIEF FINANCIAL OFFICER IN 2013 THE COMPENSATION WAS SET WITHIN THE PERMISSIBLE RANGES PER THE BANNER HEALTH COMPENSATION AND BENEFITS DEPARTMENT THESE RANGES ARE ESTABLISHED AND PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE OF BANNER HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION'S ANNUAL MEETING THE FINANCIAL STATEMENTS, ALONG WITH GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY, ARE ALSO AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS CAN BE ACCESSED VIA THE WEBSITE FOR ELECTRONIC MUNICIPAL MARKET ACCESS HTTP //EMMA.MSRB.ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN FROM CHANGE IN FAIR VALUE DERIVATIVE 1,534,133 GAIN ON ALASKA COMMUNITY FOUNDATION 9,430 TOTAL 1,543,563