Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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

C Name of organization
NORTHERN ARIZONA HEALTHCARE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1030 N SAN FRANCISCO ST, STE 103

Room/suite

City or town, state or province, country, and ZIP or foreign postal code FLAGSTAFF, AZ 86001

F Name and address of principal officer RICHARD SMITH
SAME AS C ABOVE

D Employer identification number
81-3137336

E Telephone number
(928) 773-2093

G Gross receipts $ 38,620,938.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NAHEALTHFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2016 M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF NORTHERN ARIZONA HEALTHCARE FOUNDATION ("NAHF") IS TO SUPPORT (CONT'D ON SCH O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	175
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	38,031,508.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	484,941.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	9,195.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	38,525,644.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,959,252.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	172,486.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 312,019.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	355,140.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	2,486,878.
19	Revenue less expenses Subtract line 18 from line 12	0.	36,038,766.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0.	38,337,762.
21	Total liabilities (Part X, line 26)	0.	521,173.
22	Net assets or fund balances Subtract line 21 from line 20	0.	37,816,589.

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808
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IPR BRANCH OGDEN

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Part II Signature Block

SEP 11 2020

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

Sign Here	Signature of officer OGDEN, UTAH	Date 8/31/20
	RICHARD SMITH, PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name: BRENDA BLUNT	Preparer's signature: BRENDA BLUNT	Date: 08/20/20	Check ☐ if self-employed; PTIN: P00075126
	Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958
	Firm's address ▶ 1850 N CENTRAL AVE., STE 400 PHOENIX, AZ 85004-4624			Phone no 602-264-5844

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

660 3

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF NORTHERN ARIZONA HEALTHCARE FOUNDATION ("NAHF") IS TO SUPPORT NORTHERN ARIZONA HEALTHCARE CORPORATION ("NAHC"), WHILE ADVANCING COMMUNITY HEALTHCARE PRIORITIES. THE VISION IS A FUTURE WHERE EVERY PERSON IN OUR REGION HAS EQUAL (CONT'D ON SCHEDULE O)

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 [X] 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 [X] 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 $ 1,284,141. including grants of $ 1,269,897.) (Revenue $)
THE FOUNDATION GENERATES FUNDS TO SUPPORT THREE HEALTH PRIORITIES IN NORTHERN ARIZONA: INCREASED ACCESS TO HEALTHCARE, IMPROVED BEHAVIORAL HEALTH OUTCOMES, AND DECREASED INCIDENCE OF CHRONIC MEDICAL CONDITIONS. DURING THE 2016 TAX YEAR, THE FOUNDATION MADE CONTRIBUTIONS, AWARDS, AND GRANTS TO NORTHERN ARIZONA HEALTHCARE, FLAGSTAFF MEDICAL CENTER, VERDE VALLEY MEDICAL CENTER, AND OTHER NONPROFIT ORGANIZATIONS THAT ADVANCE THE COMMUNITY HEALTH PRIORITIES OF NORTHERN ARIZONA HEALTHCARE AND SUPPORT THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NORTHERN ARIZONA COMMUNITY.

4b (Code) (Expenses $ 663,990. including grants of $ 656,624.) (Revenue $)
DURING THE 2016 TAX YEAR, THE FOUNDATION PROVIDED FUNDING TO OR ON BEHALF OF NORTHERN ARIZONA HEALTHCARE, FLAGSTAFF MEDICAL CENTER, AND VERDE VALLEY MEDICAL CENTER FOR VARIOUS DEPARTMENT INITIATIVES INCLUDING BEHAVIORAL HEALTH, CHILDREN'S HEALTH, CARDIOVASCULAR SERVICES, CANCER CARE, PALLIATIVE AND HOSPICE CARE, EMERGENCY CARE, RESEARCH AND DEVELOPMENT, AND PATIENT, FAMILY AND COLLEAGUE ASSISTANCE.

4c (Code) (Expenses $ 33,098. including grants of $ 32,731.) (Revenue $)
DURING THE 2016 TAX YEAR, THE FOUNDATION AWARDED SCHOLARSHIPS TO 37 INDIVIDUALS PURSUING EDUCATION IN CLINICAL AND NON-CLINICAL AREAS OF THE HEALTHCARE FIELD.

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

4e Total program service expenses ▶ 1,981,229.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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		X
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		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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*	17		X
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	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	38	X	

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	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
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?		12a		
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a: 8 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: 7			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		X
b	Other officers or key employees of the organization	15b		X
	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		X
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 ▶ AZ

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [X] 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 ▶

KARLA AMBLER JACOBSEN - 928-773-2093

1030 N SAN FRANCISCO ST, STE 103, FLAGSTAFF, AZ 86001

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) OLIVER HARPER, MD	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(2) WILLIAM HICKS III, ESQ	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(3) JAMES OUSLEY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(4) RICHARD SMITH	40.00									
PRESIDENT/CEO/DIRECTOR	0.00	X		X				283,678.	0.	30,251.
(5) CHRIS BAVASI	1.00									
CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(6) DEIRDE MELDRUM	1.00									
VICE CHAIR/DIRECTOR	0.00	X		X				0.	0.	0.
(7) RICHARD CRANMER, CPA, ATA, ATP	1.00									
TREASURER/DIRECTOR	0.00	X		X				0.	0.	0.
(8) RICHARD KRUSE, CPA	1.00									
SECRETARY/DIRECTOR	0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Sub-total ▶								283,678.	0.	30,251.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								283,678.	0.	30,251.

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 ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Form **990** (2016)

632008 11-11-16

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	362,659.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	37,668,849.				
	g Noncash contributions included in lines 1a-1f $ 113,796.						
	h **Total.** Add lines 1a-1f		▶	38,031,508.			
Program Service Revenue		**Business Code**					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	484,941.			484,941.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		▶				
	8 a Gross income from fundraising events (not including $ 362,659. of contributions reported on line 1c) See Part IV, line 18	a	104,489.				
	b Less direct expenses	b	95,294.				
	c Net income or (loss) from fundraising events		▶	9,195.			9,195.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10 a 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**					
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶				
	12 **Total revenue.** See instructions.		▶	38,525,644.	0.	0.	494,136.

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	1,926,521.	1,926,521.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,731.	32,731.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	113,819.	10,426.	35,443.	67,950.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,667.	8,800.	35,200.	14,667.
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	43,521.		43,521.	
c Accounting	3,686.		3,686.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,102.		4,102.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	21,842.		10,921.	10,921.
13 Office expenses	30,034.	564.	18,066.	11,404.
14 Information technology	47,059.		6,332.	40,727.
15 Royalties				
16 Occupancy				
17 Travel	28,346.		12,696.	15,650.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,434.			3,434.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,122.	1,367.	6,322.	7,433.
23 Insurance	658.		658.	
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 EVENT EXPENSE	109,033.			109,033.
b DONOR CULTIVATION	17,435.			17,435.
c BOARD EXPENSE	13,000.		13,000.	
d PURCHASED SERVICES	11,388.	820.	3,633.	6,935.
e All other expenses	6,480.		50.	6,430.
25 **Total functional expenses.** Add lines 1 through 24e	2,486,878.	1,981,229.	193,630.	312,019.
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	5,076,342.
	2	Savings and temporary cash investments		0.	2	3,001,141.
	3	Pledges and grants receivable, net		0.	3	0.
	4	Accounts receivable, net		0.	4	1,290,640.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		0.	9	4,659.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 31,133.			
	b	Less accumulated depreciation	10b 10,081.	0.	10c	21,052.
	11	Investments - publicly traded securities		0.	11	28,928,928.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		0.	15	15,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		0.	16	38,337,762.
Liabilities	17	Accounts payable and accrued expenses		0.	17	477,298.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	43,875.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25		0.	26	521,173.
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		0.	27	9,593,867.
	28	Temporarily restricted net assets		0.	28	6,628,115.
	29	Permanently restricted net assets		0.	29	21,594,607.
		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		0.	33	37,816,589.
	34	Total liabilities and net assets/fund balances		0.	34	38,337,762.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,525,644.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,486,878.
3	Revenue less expenses Subtract line 2 from line 1	3	36,038,766.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	1,777,823.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,816,589.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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	2a		X
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	2b	X	
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	2c		X
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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
NORTHERN ARIZONA HEALTHCARE FOUNDATION	81-3137336

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")					38031508.	38031508.
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					38031508.	38031508.
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)						35767124.
6 **Public support.** Subtract line 5 from line 4						2264384.

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					38031508.	38031508.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					484,941.	484,941.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					9,195.	9,195.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						38525644.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [ ]

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part 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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	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? *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*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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 yea* ***(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)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	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 (explain in Part VI.) **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)			
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- explain in Part VI) 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 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI 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.)

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
NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number
81-3137336

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	5	
2	Aggregate value of contributions to (during year)	38,946,802.	
3	Aggregate value of grants from (during year)	3,097,733.	
4	Aggregate value at end of year	35,849,252.	

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? [X] 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? [X] 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 a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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 on 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					
b	Contributions	21,700,507.				
c	Net investment earnings, gains, and losses	2,211,007.				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	775,070.				
g	End of year balance	23,136,444.				

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 ▶ 93.00 %
c Temporarily restricted endowment ▶ 7.00 %

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

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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				
b Buildings				
c Leasehold improvements				
d Equipment	31,133.		10,081.	21,052.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*			▶	21,052.

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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	41,617,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,777,823.		
b	Donated services and use of facilities	2b	1,304,024.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	95,294.		
e	Add lines 2a through 2d			2e	3,177,141.
3	Subtract line 2e from line 1			3	38,439,982.
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	4,102.		
b	Other (Describe in Part XIII)	4b	81,560.		
c	Add lines 4a and 4b			4c	85,662.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	38,525,644.

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	3,800,534.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,304,024.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	95,294.		
e	Add lines 2a through 2d			2e	1,399,318.
3	Subtract line 2e from line 1			3	2,401,216.
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	4,102.		
b	Other (Describe in Part XIII)	4b	81,560.		
c	Add lines 4a and 4b			4c	85,662.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,486,878.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FLOW THRU GRANT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FLOW THRU GRANT

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

THE NORTHERN ARIZONA HEALTHCARE ENDOWMENT FUND WAS ESTABLISHED TO SUPPORT NORTHERN ARIZONA HEALTHCARE CORPORATION AND TO SUPPORT BOTH THE DELIVERY OF QUALITY HEALTH CARE AND TO INCREASE THE IMPACT ON HEALTH IN POSITIVE, COLLABORATIVE WAYS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number

81-3137336

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

2 a 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 10 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? Yes	(iii) No	(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
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.

		(a) Event #1 TURQUOISE BALL (event type)	(b) Event #2 COPPER BALL (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	194,156.	94,940.	178,052.	467,148.
	2 Less Contributions	129,481.	85,870.	147,308.	362,659.
	3 Gross income (line 1 minus line 2)	64,675.	9,070.	30,744.	104,489.
Direct Expenses	4 Cash prizes	0.	0.	750.	750.
	5 Noncash prizes	793.	0.	10,333.	11,126.
	6 Rent/facility costs	2,221.	12,263.	20,956.	35,440.
	7 Food and beverages	25,867.	0.	12,897.	38,764.
	8 Entertainment	6,714.	2,500.	0.	9,214.
	9 Other direct expenses	0.	0.	0.	
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	95,294.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	9,195.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	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 _____

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ _____

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

Part IV **Supplemental Information** *(continued)*

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
NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number
81-3137336

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? [X] 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

1 (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 noncash assistance	(h) Purpose of grant or assistance
NAH OCCUPATIONAL HEALTH DIVISION 1200 N BEAVER STREET FLAGSTAFF, AZ 86001	74-2410946	501(C)(3)	25,000.	0.			SUPPORT FIREFIGHTER ASSESSMENTS
NAH CAMP VERDE PEDIATRIC REHAB CLINIC - 1200 N BEAVER STREET - FLAGSTAFF, AZ 86001	86-0100882	501(C)(3)	25,000.	0.			SUPPORT PATIENT SUPPLEMENTAL SERVICE
NAH BEHAVIORAL HEALTH DIVISION 1200 N BEAVER STREET FLAGSTAFF, AZ 86001	74-2410946	501(C)(3)	25,000.	0.			CRITICAL INCIDENT STRESS MGT TRAINING
NAH VVMC WOMEN'S AND INFANT HEALTH DIVISION - 1200 N BEAVER STREET - FLAGSTAFF, AZ 86001	74-2410946	501(C)(3)	25,000.	0.			PURCHASE DADDY BEDS FOR VICTIMS
RED EARTH THEATRE COMPANY 205 SUNSET DRIVE #135 SEDONA, AZ 86336	46-3424602	501(C)(3)	25,000.	0.			HEALTHY CHALLENGE
COCONINO COMMUNITY COLLEGE 3000 N 4TH STREET #17 FLAGSTAFF, AZ 86004	86-0686666	GOVERNMENT	100,000.	0.			SUPPORT NURSING EDUCATION PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 18.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2016)**

632101 11-01-16

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
BOYS & GIRLS CLUB 301 S PASEO DEL FLAG FLAGSTAFF, AZ 86001	86-0688398	501(C)(3)	7,500.	0.			SUPPORT COMMUNTIY HEALTH
NAU SCHOOL OF NURSING PO BOX 112 FLAGSTAFF, AZ 86002	86-6004791	501(C)(3)	90,000.	0.			SUPPORT COMMUNITY HEALTH
POORE MEDICAL CLINIC 120 W FINE FLAGSTAFF, AZ 86001	80-0751712	501(C)(3)	10,000.	0.			SUPPORT COMMUNITY HEALTH
COTTONWOOD RECREATION CENTER 150 S 6TH STREET COTTONWOOD, AZ 86326	86-6007877	501(C)(3)	10,000.	0.			COMMUNITY WEIGHT LOSS AND EDUCATION
SEDONA CHAMBER OF COMMERCE PO BOX 478 SEDONA, AZ 86339	86-0134659	501(C)(6)	10,000.	0.			SUPPORT FUNDRAISING MARATHON
SEDONA INTERNATIONAL FILMFEST PO BOX 478 SEDONA, AZ 86339	86-0134659	501(C)(6)	12,500.	0.			SUPPORT HEALTHCARE MARATHON
NORTH COUNTRY HEALTHCARE, INC. 2920 N 4TH STEET FLAGSTAFF, AZ 86004	86-0663432	501(C)(3)	15,000.	0.			SUPPORT DOMESTIC VIOLENCE PROGRAMS
COCONINO CITY SUST. ECON. DEV. INITIATIVE - 616 N BEAVER STREET - FLAGSTAFF, AZ 86001	26-1077054	501(C)(3)	10,000.	0.			SUPPORT TEACHER PARTICIPATION
AZ'S CHILDREN ASSOC FOR COMM DVLPMTL SCREEN - 3716 E COLUMBIA STREET - TUCSON, AZ 860096772	86-0096772	501(C)(3)	7,000.	0.			SUPPORT EXPANSION OF CHILDREN DEVELOPMENT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
VV SENIOR CENTER MEANLS ON WHEELS PROGRAM - PO BOX 681 - COTTONWOOD, AZ 86326	86-0328194	501(C)(3)	6,000.	0.			SUPPORT MEALS ON WHEELS PROGRAM
FLAGSTAFF UNIFIED SCHOOL DISTRICT 3285 E SPARROW FLAGSTAFF, AZ 86004	86-0593041	GOVERNMENT	417,441.	0.			SUPPORT FIT KIDS AND SCHOOL
COTTONWOOD-OAK CREEK SCHOOL DISTRICT - 1 N WILLARD STREET - COTTONWOOD, AZ 86326	86-6000563	GOVERNMENT	40,137.	0.			SUPPORT FIT KIDS AT SCHOOL
CAMP VERDE UNIFIED SCHOOL DISTRICT 510 CAMP LINCOLN RD CAMP VERDE, AZ 86322	86-6003046	GOVERNMENT	28,380.	0.			SUPPORT FIT KIDS AT SCHOOL
VERDE VALLEY MEDICAL CENTER 269 SOUTH CANDY LANE COTTONWOOD, AZ 86326	86-0100882	501(C)(3)	81,560.	0.			SUPPORT CANCER CENTER

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 noncash assistance
SCHOLARSHIPS	37	32,731.	0.		

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

FORM 990, SCHEDULEE I, PART I, LINE 2

THE FOUNDATION AWARDS GRANTS ONLY TO TAX-EXEMPT ORGANIZATIONS. THE FOUNDATION RELIES ON THE GOOD GOVERNANCE PRACTICES OF THESE ENTITIES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number

81-3137336

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD SMITH	(i)	242,060.	37,933.	3,685.	10,600.	19,651.	313,929.	0.
PRESIDENT/CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINES 1A & 1B

SUPPLEMENTAL COMPENSATION INFORMATION

ALL COMPENSATION, BENEFITS AND REIMBURSEMENTS ARE PAID BY NORTHERN ARIZONA HEALTHCARE CORPORATION ("NAHC"), AN UNRELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION REPORTED ON SCHEDULE J FOR RICHARD SMITH WAS PAID BY NAHC FOR SERVICES RENDERED TO THE FOUNDATION IN HIS CAPACITY AS PRESIDENT AND CEO.

SCHEDULE J, PART I, LINE 3

CEO COMPENSATION IS DETERMINED BY NORTHERN ARIZONA HEALTHCARE CORPORATION, BASED ON A MARKET COMPENSATION STUDY PERFORMED BY A THIRD PARTY CONSULTANT.

A COMPENSATION AND INCENTIVE PACKAGE IS STRUCTURED BY A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGRANIZATION USING THE MARKET COMPENSATION STUDY AND THE FOLLOWING METHODS: WRITTEN CONTRACT, OPINION OF INDEPENDENT CONSULTANT, AND ORGANIZATION MISSION.

SCHEDULE J, PART II

THE ORGANIZATION'S CEO PARTICIPATED IN A 457(F) NON-QUALIFIED DEFERRED

Part III Supplemental Information

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

COMPENSATION PLAN ESTABLISHED BY THE ORGANIZATION EFFECTIVE AS OF JULY 1, 2016. THE CEO IS THE ONLY PARTICIPANT IN THIS PLAN. THE ORGANIZATION ACCRUES ANNUAL CONTRIBUTIONS TO THE PLAN BASED ON CRITERIA ESTABLISHED IN THE PLAN DOCUMENT.

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: NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number: 81-3137336

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	X	23	6,065.	APPRAISAL
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		3,037.	RETAIL VAL/DONOR EST
5	Clothing and household goods	X		25,776.	RETAIL VAL/DONOR EST
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 ▶ (GIFT CERTIFIC)	X	276	34,680.	RETAIL VALUE
26	Other ▶ (EVENT FOOD)	X	146	22,063.	RETAIL VALUE/DONOR E
27	Other ▶ (JEWELRY)	X	18	11,477.	RETAIL VALUE/DONOR E
28	Other ▶ (EVENT PRINTIN)	X	1	3,500.	RETAIL VALUE

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization didn't 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.

PART I, OTHER TYPES OF PROPERTY:

TOYS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 225

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 2466.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

OTHER CONTRIBUTIONS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 8

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 1608.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

ALCOHOL

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 206

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 1410.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE/DONOR EST

TICKETS/ADMISSION

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 22

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 1343.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

MEMBERSHIPS

(A) CHECK IF APPLICABLE = X

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.

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 371.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization: NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number: 81-3137336

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NORTHERN ARIZONA HEALTHCARE CORPORATION ("NAHC"), WHILE ADVANCING COMMUNITY HEALTHCARE PRIORITIES. THE VISION IS A FUTURE WHERE EVERY PERSON IN OUR REGION HAS EQUAL ACCESS TO QUALITY HEALTHCARE AND OPPORTUNITY TO ACHIEVE THEIR HIGHEST LEVEL OF HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESS TO QUALITY HEALTHCARE AND OPPORTUNITY TO ACHIEVE THEIR HIGHEST LEVEL OF HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A:

NORTHERN ARIZONA HEALTHCARE CORPORATION HAS THE RIGHT TO APPOINT 20% OF THE TOTAL NUMBER OF VOTING DIRECTORS, ROUNDED UP TO THE NEAREST WHOLE NUMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM BASED ON DATA GATHERED BY THE FOUNDATION'S ACCOUNTING DEPARTMENT. THE PRESIDENT AND CEO REVIEWS THE DRAFT FORM 990 AND PROVIDES ADDITONAL COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. BOARD MEMBERS AND OFFICERS ARE COVERED BY THE POLICY. COVERED INDIVIDUALS HAVE A DUTY TO DISCLOSE ALL MATERIAL FACTS IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS.

THE DETERMINATION OF HOW TO PROCEED WITH A CONFLICT IS MADE BY THE MEMBERS

Name of the organization: NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number: 81-3137336

OF THE GOVERNING BODY WHO ARE NOT A INTERESTED PERSON WITH RESPECT TO THE PROPOSED TRANSACTION. AFTER DISCLOSURE OF ALL MATERIAL FACTS, THE INTERESTED PERSON LEAVES AND THE REMAINING MEMBERS OF THE GOVERNING BODY DELIBERATE AND VOTE ON THE EXISTENCE OF A CONFLICT.

WHEN A CONFLICT OF INTEREST IS IDENTIFIED, THE GOVERNING BODY, EXCLUDING THE INTERESTED PERSON, SHALL EXERCISE DUE DILIGENCE TO DETERMINE IF A MORE ADVANTAGEOUS TRANSACTION IS REASONABLY POSSIBLE UNDER THE CIRCUMSTANCES. THE GOVERNING BODY, EXCLUDING THE INTERESTED PERSON, VOTES WHETHER THE TRANSACTION IS IN THE FOUNDATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND FAIR AND REASONABLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT AND CEO OF THE ORGANIZATION IS COMPENSATED BY NORTHERN ARIZONA HEALTHCARE CORPORATION ("NAHC"), AN UNRELATED TAX EXEMPT ORGANIZATION. CEO COMPENSATION IS DETERMINED BY NAHC, BASED ON A MARKET COMPENSATION STUDY PERFORMED BY A THIRD PARTY CONSULTANT. A COMPENSATION AND INCENTIVE PACKAGE IS STRUCTURED BY A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION USING THE MARKET COMPENSATION STUDY AND THE FOLLOWING METHODS: WRITTEN CONTRACT, OPINION OF INDEPENDENT CONSULTANT, AND ORGANIZATION MISSION. THE COMPENSATION AND INCENTIVE PACKAGE IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS AND IS DOCUMENTED IN THE BOARD MINUTES. THE MOST RECENT REVIEW WAS PERFORMED IN SEPTEMBER 2016.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

Name of the organization: NORTHERN ARIZONA HEALTHCARE FOUNDATION

Employer identification number: 81-3137336

PART V, LINE 2A; PART VII, SECTION A, PART IX

NAHF DOES NOT HAVE EMPLOYEES. NAHC, AN UNRELATED TAX-EXEMPT ORGANIZATION, SECUNDED ITS EMPLOYEES TO THE FOUNDATION AND CONTRIBUTED THE COSTS OF ALL STAFF.

FORM 990, PART XII, LINE 2C

THE FOUNDATION DID NOT TAKE THE FY17 AUDIT TO BID; THEY HIRED THE DELOITTE AUDITORS THAT AUDITED THE NORTHERN ARIZONA HEALTHCARE SYSTEM TO EASE THE AUDIT PROCESS IN THE FIRST YEAR. THE FOUNDATION HAS AN AUDIT COMMITTEE MEMBER WHO IS ALSO A VOTING DIRECTOR ON THE BOARD.

FORM 990, AMENDMENT EXPLANATION

NORTHERN HEALTHCARE HEALTHCARE FOUNDATION IS AMENDING FORM 990 BECAUSE THE ORIGINAL WAS PREPARED AND FILED BEFORE THE AUDIT WAS FINISHED. THERE WERE ERRORS FOUND WHEN THE FINANCIAL STATEMENTS WERE AUDITED AND ADJUSTMENTS WERE MADE TO THE FINANCIAL STATEMENTS. THE INFORMATION IS CORRECTLY REFLECTED IN THE AMENDED RETURN.

990, PART I, CURRENT YEAR COLUMN:

REVENUE CHANGES INCLUDE THE REMOVAL OF DONATED SERVICES, REMOVAL OF UNREALIZED GAINS, AND INCLUSION OF A PASS-THRU GRANT. EXPENSES CHANGES INCLUDE REMOVAL OF DONATED SERVICES, REMOVAL OF REVISED EVENT EXPENSES, AND INCLUSION OF FLOW THRU GRANT.

ORIGINAL FILED AMENDED

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LINE 8	39,305,578	38,031,508
LINE 10	2,262,763	484,941
LINE 11	19,800	9,195
LINE 12	41,588,141	38,525,644
LINE 13	1,877,693	1,959,252
LINE 15	1,427,178	172,486
LINE 16B	364,941	312,019
LINE 17	425,681	355,140
LINE 18	3,730,552	2,486,878
LINE 19	37,857,589	36,038,766

990, PART III:

PROGRAM EXPENSES WERE REALLOCATED FOR THE REMOVAL OF DONATED SERVICES AND TO INCLUDE THE PASS THRU GRANT. GRANTS WERE AMENDED TO EQUAL THE TOTAL GRANTS ON PART IX AND TO SHOW ACTUAL GRANTS INCLUDED IN EXPENSES.

	ORIGINAL FILED	AMENDED
LINE 4A EXPENSES	1,006,301	1,284,141
LINE 4A GRANTS	1,006,301	1,269,897
LINE 4B EXPENSES	361,674	663,900
LINE 4B GRANTS	361,674	656,624
LINE 4C EXPENSES	94,113	33,098
LINE 4C GRANTS	94,113	32,731
LINE 4D EXPENSES	559,898	0
LINE 4D GRANTS	559,898	0
LINE 4E	2,021,986	1,981,229

PART III PROGRAM SERVICE ACCOMPLISHMENT DESCRIPTIONS:

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PROGRAM SERVICE ACCOMPLISHMENTS WERE ORIGINALLY REPORTED THAT REFLECT THE PROGRAMS OF NORTHERN ARIZONA HEALTHCARE. AMENDED DESCRIPTIONS RELECT THE ACTUAL PROGRAMS OF NORTHERN ARIZONA HEALTHCARE FOUNDATION.

LINE 4A, PROGRAM A:

ORIGINAL:

THE FIT KIDS SCHOOL INITIATIVE WAS DEVELOPED TO ADDRESS THE OBESITY EPIDEMIC AMONGST MINORS SPECIFICALLY IN NORTHERN ARIZONA. FUNDING GOES DIRECTLY TO NORTHERN ARIZONA SCHOOL DISTRICTS TO HELP EDUCATE CHILDREN IN HEALTHY ATHLETIC AND DIETARY ACTIVITIES.

AMENDED:

THE FOUNDATION GENERATES FUNDS TO SUPPORT THREE HEALTH PRIORITIES IN NORTHERN ARIZONA: INCREASED ACCESS TO HEALTHCARE, IMPROVED BEHAVIORAL HEALTH OUTCOMES, AND DECREASED INCIDENCE OF CHRONIC MEDICAL CONDITIONS. DURING THE 2016 TAX YEAR; THE FOUNDATION MADE CONTRIBUTIONS, AWARDS, AND GRANTS TO NORTHERN ARIZONA HEALTHCARE, FLAGSTAFF MEDICAL CENTER, VERDE VALLEY MEDICAL CENTER, AND OTHER NONPROFIT ORGANIZATIONS THAT ADVANCE THE COMMUNITY HEALTH PRIORITIES OF NORTHERN ARIZONA HEALTHCARE AND SUPPORT THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT THE NORTHERN ARIZONA COMMUNITY.

LINE 4B, PROGRAM B

ORIGINAL:

IN TAX YEAR 2016, A PORTION OF THE SPECIAL PROJECTS RESERVE WAS DESIGNATED.TO PAY FOR THE REGIONAL HEALTH NEEDS ASSESSMENT PERFORMED JOINTLY BETWEEN THE NORTHERN ARIZONA HEALTHCARE FOUNDATION, NORTHERN ARIZONA UNIVERSITY AND THE NORTHERN ARIZONA REGIONAL BEHAVIORAL

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HEALTH AUTHORITY INSTITUTE. THE FIRST EVER COMPREHENSIVE ASSESSMENT OF ALL NORTHERN ARIZONA HEALTHCARE NEEDS WAS COMPLETED COMBINING DOZENS OF DIFFERENT INDIVIDUAL HEALTH NEEDS ASSESSMENTS INTO ONE OVERALL EVALUATION OF WHAT THE TOP PRIORITIES SHOULD BE WHEN ADDRESSING NORTHERN ARIZONA COMMUNITY HEALTH. THE EVALUATION IS EXPECTED TO BE COMPLETED ANEW EVERY 3-5

AMENDED:

DURING THE 2016 TAX YEAR, THE FOUNDATION PROVIDED FUNDING TO OR ON BEHALF OF NORTHERN ARIZONA HEALTHCARE, FLAGSTAFF MEDICAL CENTER, AND VERDE VALLEY MEDICAL CENTER FOR VARIOUS DEPARTMENT INITIATIVES INCLUDING BEHAVIORAL HEALTH, CHILDREN'S HEALTH, CARDIOVASCULAR SERVICES, CANCER CARE, PALLIATIVE AND HOSPICE CARE, EMERGENCY CARE, RESEARCH AND DEVELOPMENT, AND PATIENT, FAMILY AND COLLEAGUE ASSISTANCE.

LINE 4C, PROGRAM C:

ORIGINAL:

THE SEDONA MEDICAL CENTER CANCER CENTER FUND WAS ESTABLISHED TO SUPPORT INITIATIVES RELATED TO SUPPLEMENTAL PATIENT CARE AND/OR DEPARTMENTAL PREROGATIVES OF THAT SPECIFIC CANCER CENTER. OFTEN THESE INITIATIVES ARE OUTSIDE OF THE SCOPE OF THE CENTER'S OPERATIONAL BUDGET BUT ARE STILL IN THE NAME OF THE MISSION/VISION OF BOTH THE FOUNDATION AND THE CANCER CENTER. THE MAIN PURCHASE IN TAX YEAR 2016 WAS RELATED TO AN UPGRADE TO CANCER PATIENT TREATMENT EQUIPMENT THAT HELP EASE THE BURDEN ON THE PATIENT WHILE RECEIVING TREATMENT. OTHER EXPENSES ARE RELATED TO TRAINING STAFF ON NEW OR EMERGING CANCER CENTER TRENDS TO HELP THE CENTER STAY AHEAD OF TECHNOLOGICAL IMPLEMENTATIONS.

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AMENDED:

DURING THE 2016 TAX YEAR, THE FOUNDATION AWARDED SCHOLARSHIPS TO 37 INDIVIDUALS PURSUING EDUCATION IN CLINICAL AND NON-CLINICAL AREAS OF THE HEALTHCARE FIELD.

LINE 4D, PROGRAM D:

ORIGINAL:

CONTRIBUTIONS TO ORGANIZATIONS THAT ADVANCE THE COMMUNITY HEALTHCARE PRIORITIES OF NORTHERN ARIZONA HEALTHCARE CORPORATION AND SUPPORT THE HEALTH AND WELL-BEING OF PEOPLE THROUGHOUT OUR COMMUNITY.

AMENDED:

NO PROGRAM D

990, PART IV:

LINE 12A WAS CHANGED TO YES BECAUSE AUDIT IS ISSUED BEFORE AMENDED RETURN IS FILED.

	ORIGINAL FILED	AMENDED
LINE 12A	NO	YES

990, PART VI, SECTION A:

LINE 7A WAS CHANGED TO YES BECAUSE NORTHERN ARIZONA HEALTHCARE CORPORATION HAS THE RIGHT TO APPOINT 20% OR THE TOTAL NUMBER OF VOTING DIRECTORS.

	ORIGINAL FILED	AMENDED
LINE 7A	NO	YES

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990, PART VI, SECTION B:

LINE 11A WAS CHANGED TO YES BECAUSE THE FORM 990 WILL BE PROVIDED TO THE GOVERNING BODY BEFORE FILING THE RETURN.

	ORIGINAL FILED	AMENDED
LINE 11A	NO	YES

990, PART VI, SECTION C:

LINE 20 WAS CHANGED TO REFLECT THE COMPLETE CONTACT INFORMATION FOR THE POSSESSOR OF THE BOOKS AND RECORDS.

	ORIGINAL FILED	AMENDED
LINE 20	928-773-2017	KARLA AMBLER JACOBSEN 928-773-2093 1030 N SAN FRANCISCO DR, STE 103 FLAGSTAFF, AZ 86001

990, PART VIII:

AMENDED REVENUE SHOWS THE REMOVAL OF DONATED SERVICES, REMOVAL OF UNREALIZED GAINS, AND INCLUSION OF A PASS-THRU GRANT.

	ORIGINAL FILED	AMENDED
LINE 1F	38,942,919	37,668,849
LINE 1H	39,305,578	38,031,508
LINE 3, COLUMN A	2,262,763	484,941
LINE 3, COLUMN D	2,262,763	484,941
LINE 8B,	84,689	95,294

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LINE 8C, COLUMN A	19,800	9,195
LINE 8C, COLUMN D	19,800	9,195
LINE 12, COLUMN A	41,588,141	38,525,644
LINE 12, COLUMN D	2,282,563	494,136

990, PART IX, COLUMN A:

AMENDED AMOUNTS RELECT REMOVAL OF DONATED SERVICES, REMOVAL OF REVISED EVENT EXPENSES, AND INCLUSION OF FLOW THRU GRANT. SOME EXPENSES WERE RECLASSED BY TAXPAYER TO BETTER REFLECT ACTUAL EXPENSE CATEGORIES.

	ORIGINAL FILED	AMENDED
LINE 1	1,844,962	1,926,521
LINE 7	1,093,963	113,819
LINE 8	84,936	58,667
LINE 9	193,902	0
LINE 10	54,377	0
LINE 11A	18,519	0
LINE 11B	43,522	43,521
LINE 11C	3,684	3,686
LINE 12	77,335	21,843
LINE 13	37,445	30,034
LINE 14	47,059	47,058
LINE 16	90,042	0
LINE 17	30,792	28,347
LINE 24 EVENT EXP	0	109,033
LINE 24 OTHER	5,666	0
LINE 25	3,730,552	2,486,878

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PART X, COLUMN B, END OF YEAR:

FYE 6/30/18 AUDIT DISCOVERED THAT THE ALLOCATION OF NET ASSETS WERE MISSTATED BETWEEN UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANANTLY RESTRICTED NET ASSETS. THE CHANGE WAS REPORTED IN THE 6/30/2018 AUDITED FINANCIAL STATEMENTS AND IS REFLECTED IN THE AMENDED AMOUNTS.

	ORIGINAL FILED	AMENDED
LINE 27	3,816,734	9,593,867
LINE 28	10,434,554	6,628,115
LINE 29	23,565,301	21,594,607

990, PART XI:

AMENDED REVENUE AMOUNTS RELECT REMOVAL OF DONATED SERVICES, REMOVAL OF REVISED EVENT EXPENSES, AND INCLUSION OF FLOW THRU GRANT. AMENDED EXPENSE AMOUNTS RELECT REMOVAL OF DONATED SERVICES, REMOVAL OF REVISED EVENT EXPENSES, AND INCLUSION OF FLOW THRU GRANT.

	ORIGINAL FILED	AMENDED
LINE 1	41,588,141	38,525,644
LINE 2	3,730,552	2,486,878
LINE 3	37,857,589	38,038,766
LINE 5	0	1,777,823
LINE 6	-41,000	0

990, PART XII:

LINE 1B ANSWER CHANGED TO REFLECT THAT FINANCIAL STATEMENTS HAVE BEEN AUDITED BY AN INDEPENDENT ACCOUNTANT PRIOR TO FILING AMENDED RETURN.

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	ORIGINAL FILED	AMENDED
LINE 2B	NO	YES

SCHEDULE A, PART II, SECTION A:

LINES 1-4 AMENDED AMOUNTS REFLECT REMOVAL OF DONATED SERVICES FROM DONATED REVENUE. LINE 5 AMENDED AMOUNT INCLUDES ALL EXCESS CONTRIBUTORS WHO SHOULD HAVE BEEN INCLUDED.

	ORIGINAL FILED	AMENDED
LINE 1, COLUMN E	39,305,578	38,031,508
LINE 1, COLUMN F	39,305,578	38,031,508
LINE 4, COLUMN E	39,305,578	38,031,508
LINE 4, COLUMN F	39,305,578	38,031,508
LINE 5	32,646,291	35,767,124
LINE 4	6,659,287	2,264,384

SCHEDULE A, PART II, SECTION B:

LINE 8 AMENDED AMOUNTS EXCLUDE UNREALIZED GAINS. LINE 9 AMENDED CORRECTLY STATES SCH G NET REVENUE.

	ORIGINAL FILED	AMENDED
LINE 7, COLUMN E	39,305,578	38,031,508
LINE 7, COLUMN F	39,305,578	38,031,508
LINE 8, COLUMN E	2,262,763	484,941
LINE 8, COLUMN F	2,262,763	484,941
LINE 9, COLUMN E	104,000	9,195
LINE 9, COLUMN F	104,000	9,195
LINE 11	41,672,341	38,525,644

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SCHEDULE B, PART I:

AMENDED DONATIONS FROM FLAGSTAFF MEDICAL CENTER HAVE DONATED SERVICES REMOVED FROM TOTAL CONTRIBUTIONS.

	ORIGINAL FILED	AMENDED
LINE 1C	33,487,801	32,183,777

SCHEDULE D, PART I:

LINES 1-4 REFLECT THAT NORTHERN ARIZONA HEALTHCARE FOUNDATION MAINTAINS FIVE DONOR ADVISED FUNDS.

	ORIGINAL FILED	AMENDED
LINE 1, COLUMN A	159	5
LINE 1, COLUMN B	24	0
LINE 1, COLUMN A	33,250,494	38,946,802
LINE 2, COLUMN B	5,696,308	0
LINE 1, COLUMN A	2,471,918	3,097,733
LINE 3, COLUMN B	625,815	0
LINE 1, COLUMN A	30,778,576	35,849,252
LINE 4, COLUMN B	5,070,493	0

SCHEDULE D, PART V, LINE 2

AMENDED TO SHOW CORRECT PERCENTAGE OF PERMANENTLY RESTRICTED AND TEMPORARILY RESTRICTED ENDOWMENT.

	ORIGINAL FILED	AMENDED
LINE 2B	100%	93%

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LINE 2C . 0% 7%

SCHEDULE D, PART XI:

CHANGES REPORT THE RECONCILIATION OF REVENUE PER RETURN TO THE REVENUE PER AUDITED FINANCIAL STATEMENTS THAT WERE ISSUED AFTER THE ORIGINAL RETURN WAS FILED.

	ORIGINAL FILED	AMENDED
LINE 1	0	41,617,123
LINE 2A	0	1,777,823
LINE 2B	0	1,304,024
LINE 2D	0	95,294
LINE 2E	0	3,177,141
LINE 3	0	38,439,982
LINE 4A	0	4,102
LINE 4B	0	81,560
LINE 4C	0	85,662
LINE 5	0	38,525,644

SCHEDULE D, PART XII:

CHANGES REPORT THE RECONCILIATION OF THE RETURN EXPENSES TO THE EXPENSES PER AUDITED FINANCIAL STATEMENTS THAT WERE ISSUED AFTER THE ORIGINAL RETURN WAS FILED.

	ORIGINAL FILED	AMENDED
LINE 1	0	3,800,534
LINE 2A	0	1,034,024
LINE 2D	0	95,294

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LINE 2E	0	1,399,318
LINE 3	0	2,401,216
LINE 4A	0	4,102
LINE 4B	0	81,560
LINE 4C	0	85,662
LINE 5	0	2,486,878

SCHEDULE G, PART II:

ORIGINAL AMOUNTS WERE CORRECTED TO MORE ACCURATELY REFLECT OTHER FUNDRAISING EVENT EXPENSES.

COLUMN C:	ORIGINAL FILED	AMENDED
LINE 4	4,750	750
LINE 6	6,326	20,956
LINE 7	12,924	12,897

COLUMN D:	ORIGINAL FILED	AMENDED
LINE 4	4,750	750
LINE 6	20,809	35,440
LINE 7	38,791	38,764
LINE 10	84,689	95,294
LINE 7	19,800	9,195

SCHEDULE I, PART II:

AMENDED TO REPORT ADDITIONAL FLOW-THRU GRANT TO VERDE VALLEY MEDICAL CENTER. (VVMC)

	ORIGINAL FILED	AMENDED

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GRANT TO VVMC	0	81,580

SCHEDULE I, PART II, LINE 2:

AMENDED RETURN REPORTS ADDITIONAL GRANT TO VVMC. TOTAL GRANTS PAID WAS CORRECTED AS FOLLOWS TO INCLUDE THE ADDITIONAL GRANT TO CORRECT A MISCOUNT OF GRANTS IN THE ORIGINAL FILING:

	ORIGINAL FILED	AMENDED
LINE 2	15	18
LINE 3	1	2

SCHEDULE I, PART IV:

FORM 990, SCHEDULE I, PART I, LINE 2 EXPLANATION:

AMENDED TO USE CLEARER EXPLANATION.

ORIGINAL:

GRANTS ARE CONSIDERED 'AWARDS' AND THE FOUNDATION ISSUES AWARDS ONLY TO TAX-EXEMPT ORGANIZATIONS. THE FOUNDATION RELIES ON THE GOOD GOVERNANCE PRACTICES OF THESE ENTITIES.

AMENDED:

THE FOUNDATION AWARDS GRANTS ONLY TO TAX-EXEMPT ORGANIZATIONS. THE FOUNDATION RELIES ON THE GOOD GOVERNANCE PRACTICES OF THESE ENTITIES.

SCHEDULE J, PART I, LINE 7:

AMENDED BECAUSE THERE ARE NO NONFIXED PAYMENTS MADE TO PERSONS LISTED ON PART VII.

	ORIGINAL FILED	AMENDED
	YES	NO

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SCHEDULE J, PART III:

AMENDED TO USE CLEARER EXPLANATION.

SCHEDULE J, PART I, LINE 3 EXPLANATION:

ORIGINAL:

CEO COMPENSATION IS DERIVED BY NORTHERN ARIZONA HEALTHCARE CORPORATION USING THE FOLLOWING METHODS: COMPENSATION COMMITTEE, WRITTEN CONTRACT, INDEPENDENT CONSULTANT, COMPENSATION SURVEY, AND RECOMMENDATION OF COMPENSATION COMMITTEE TO BOARD FOR APPROVAL.

AMENDED:

CEO COMPENSATION IS DETERMINED BY NORTHERN ARIZONA HEALTHCARE CORPORATION, BASED ON A MARKET COMPENSATION STUDY PERFORMED BY A THIRD PARTY CONSULTANT.

A COMPENSATION AND INCENTIVE PACKAGE IS STRUCTURED BY A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGRANIZATION USING THE MARKET COMPENSATION STUDY AND THE FOLLOWING METHODS: WRITTEN CONTRACT, OPINION OF INDEPENDENT CONSULTANT, AND ORGANIZATION MISSION.

SCHEDULE J, PART I, LINE 7 EXPLANATION:

AMENDED BECAUSE THERE ARE NO NONFIXED PAYMENTS MADE TO PERSONS LISTED ON PART VII.

ORIGINAL:

NORTHERN ARIZONA HEALTHCARE CORPORATION MAKES DISCRETIONARY PAYMENTS AS PART OF A SHORT-TERM INCENTIVE PLAN (STIP). PAYMENTS ARE BASED ON MEETING VARIOUS ORGANIZATIONAL GOALS.

AMENDED:

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NONE NEEDED.

SCHEDULE J, PART II EXPLANATION:

AMENDED TO USE CLEARER EXPLANATION.

ORIGINAL:

RICHARD SMITH PARTICIPATES IN A DEFINED BENEFIT RETIREMENT PLAN, AS SUCH, ACTUARIAL INCREASES IN THEIR ACCOUNTS ARE REPORTED ON PART II, COLUMN (C) AS DEFERRED COMPENSATION.

AMENDED:

THE ORGANIZATION'S CEO PARTICIPATED IN A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN ESTABLISHED BY THE ORGANIZATION EFFECTIVE AS OF JULY 1, 2016. THE CEO IS THE ONLY PARTICIPANT IN THIS PLAN. THE ORGANIZATION ACCRUES ANNUAL CONTRIBUTIONS TO THE PLAN BASED ON CRITERIA ESTABLISHED IN THE PLAN DOCUMENT.

SCHEDULE J, PART III EXPLANATION:

AMENDED BECAUSE NO EXPLANATION IS NEEDED.

ORIGINAL:

FOUNDATION SPECIFIC INCENTIVE PROGRAM REQUIRES 8% GROWTH IN REVENUE TO BE ACTIVATED. PAYOUT DEPENDS 50% ON REVENUE GROWTH (THREE TIERS: 8% /12% /15%) AND 50% ON QUALITATIVE FACTORS RELATED TO COMMUNITY HEALTH AND THE MISSION/VISION OF THE FOUNDATION (LIVES IMPACTED, WEBSITE/SOCIAL MEDIA DEVELOPMENT, REGIONAL HEALTH NEEDS ASSESSMENT COMPLETION WERE THE PRIMARY MEASUREMENTS MADE FOR AWARD). AMOUNT WAS ACCRUED IN FY17 BUT NOT PAID UNTIL FY18.

AMENDED:

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NONE NEEDED.

SCH O DISCLOSURES:

DISCLOSURE FOR PART IV, LINE 12A AND PART XII, LINE 2B (ALL ONE FOOTNOTE) WAS REMOVED BECAUSE IT IS OBSOLETE.

DISCLOSURE FOR PART VI, SECTION B, LINE 15:

AMENDED TO USE CLEARER EXPLANATION.

ORIGINAL:

THE PRESIDENT AND CEO OF NAHF IS COMPENSATED BY NORTHERN ARIZONA HEALTHCARE CORP ("NAHC"), AN UNRELATED TAX EXEMPT ORGANIZATION. THE PROCESS DESCRIBED BELOW IS THAT OF NAHC.

THE PROCESS FOR DETERMINING COMPENSATION INCLUDES THE PREPARATION OF COMPARABLE DATA BY WILLIS TOWERS WATSON, AN INDEPENDENT CONSULTING FIRM. IN ADDITION, THIS INFORMATION IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND IS DOCUMENTED IN THE BOARD MINUTES. THE MOST RECENT REVIEW WAS PERFORMED IN SEPTEMBER 2016.

AMENDED:

THE PRESIDENT AND CEO OF THE ORGANIZATION IS COMPENSATED BY NORTHERN ARIZONA HEALTHCARE CORPORATION ("NAHC"), AN UNRELATED TAX EXEMPT ORGANIZATION. CEO COMPENSATION IS DETERMINED BY NAHC, BASED ON A MARKET COMPENSATION STUDY PERFORMED BY A THIRD PARTY CONSULTANT. A COMPENSATION AND INCENTIVE PACKAGE IS STRUCTURED BY A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE ORGANIZATION USING THE MARKET COMPENSATION STUDY AND THE FOLLOWING METHODS:

WRITTEN CONTRACT, OPINION OF INDEPENDENT CONSULTANT, AND ORGANIZATION MISSION THE COMPENSATION AND INCENTIVE PACKAGE IS REVIEWED BY THE

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ORGANIZATION'S BOARD OF DIRECTORS AND IS DOCUMENTED IN THE BOARD MINUTES. THE MOST RECENT REVIEW WAS PERFORMED IN SEPTEMBER 2016.

DISCLOSURE FOR PART XII, LINE 2C:

AMENDED TO USE CLEARER EXPLANATION.

ORIGINAL:

THE FOUNDATION DID NOT TAKE THE FY17 AUDIT TO BID; THEY HIRED THE DELOITTE AUDITORS THAT AUDITED THE NORTHERN ARIZONA HEALTHCARE SYSTEM TO EASE THE AUDIT PROCESS IN THE FIRST YEAR. THE FOUNDATION HAS AN AUDIT COMMITTEE MEMBER WHO IS ALSO A VOTING DIRECTOR ON THE BOARD. WHEN THE AUDIT IS TAKEN TO BID IT UNDERGOES A SCORING PROCESS BY THE FOUNDATION ACCOUNTANT AND THEN THE AUDIT COMMITTEE DIRECTOR REVIEWS AND MAKE THE ULTIMATE DECISION.

AMENDED:

THE FOUNDATION DID NOT TAKE THE FY17 AUDIT TO BID; THEY HIRED THE DELOITTE AUDITORS THAT AUDITED THE NORTHERN ARIZONA HEALTHCARE SYSTEM TO EASE THE AUDIT PROCESS IN THE FIRST YEAR. THE FOUNDATION HAS AN AUDIT COMMITTEE MEMBER WHO IS ALSO A VOTING DIRECTOR ON THE BOARD.