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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 71396

City or town, state or province, country, and ZIP or foreign postal code
FAIRBANKS, AK 997071396

D Employer identification number
92-0035784

E Telephone number
(907) 458-5550

G Gross receipts $ 97,902,837

F Name and address of principal officer
JEFF COOK
PO BOX 71396
FAIRBANKS, AK 997071396

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: ▶ FAIRBANKSHOSPITALFOUNDATION COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile AK

Part I Summary

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

Activities & Governance

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	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	107
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	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	849,304	1,247,748
9	Program service revenue (Part VIII, line 2g)	54,979,478	38,345,583
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,134,014	4,510,482
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-40,804	-78,461
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,921,992	44,025,352

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	130,040	88,269
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		706,250
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶149,776		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,797,778	35,966,590
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,927,818	36,761,109
19	Revenue less expenses Subtract line 18 from line 12	24,994,174	7,264,243

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	488,011,742	493,057,516
21	Total liabilities (Part X, line 26)	155,278,690	144,540,350
22	Net assets or fund balances Subtract line 21 from line 20	332,733,052	348,517,166

Part II Signature Block

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

Sign Here

****** 2018-11-15
Signature of officer Date

RUTH WENDLER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARY CORRICK	GARY CORRICK	2018-11-15		P00296939

Firm's name ▶ KOHLER SCHMITT & HUTCHISON PC | Firm's EIN ▶ 92-0116098
Firm's address ▶ PO BOX 70607 FAIRBANKS, AK 997070607 | Phone no (907) 456-6676

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 31,778,359 including grants of $ 88,269) (Revenue $ 38,217,436)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 31,778,359

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
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**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	35		
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**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32		
	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	32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶RUTH WENDLER 1650 COWLES STREET FAIRBANKS, AK 99701 (907) 458-5550

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 . . . . . ☐

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶									294,512	56,086

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 ▶

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
GHEMM COMPANY INC 3861 SCHACHT STREET FAIRBANKS, AK 99701	CONSTRUCTION	5,201,507
JOHNSON RIVER ENTERPRISES PO BOX 70377 FAIRBANKS, AK 99707	CONSTRUCTION	1,929,156
FULLFORD ELECTRIC INC 303 E VAN HORN RD FAIRBANKS, AK 99701	CONSTRUCTION	721,988
FOUNTAINHEAD DEVELOPMENT 1501 QUEENS WAY FAIRBANKS, AK 99701	RENT	688,142
DORSEY & WHITNEY LLP 801 GRAND SUITE 4100 DES MOINES, IA 503098002	LEGAL	584,147

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 ▶ 12

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c	218,532			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,029,216			
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,247,748			
Program Service Revenue		Business Code				
	2a RENT HOSPITAL FACILITY	531120	28,272,936	28,272,936		
	b ~~RENT - TVC~~	531120	4,518,474	4,518,474		
	c ~~RENT - 1919 LATHROP~~	531120	2,048,265	2,048,265		
	d ~~RENT DENALI CENTER~~	531120	1,795,000	1,795,000		
	e ~~OTHER OFF CAMPUS PROPERTIES~~	531120	1,497,947	1,497,947		
	f All other program service revenue		212,961	212,961		
	g **Total.** Add lines 2a–2f . . . . ▶		38,345,583			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,691,243			4,691,243
	4 Income from investment of tax-exempt bond proceeds ▶		1,967			1,967
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	53,557,697	13,749			
	b Less cost or other basis and sales expenses	53,612,278	141,896			
	c Gain or (loss)	-54,581	-128,147			
	d Net gain or (loss) . . . . . ▶		-182,728	-128,147		-54,581
	8a Gross income from fundraising events (not including $ 218,532 of contributions reported on line 1c) See Part IV, line 18 . . . . a		43,780			
	b Less direct expenses . . . b		123,192			
	c Net income or (loss) from fundraising events . . ▶		-79,412			
	9a Gross income from gaming activities See Part IV, line 19 . . . a		1,070			
	b Less direct expenses . . . b		119			
	c Net income or (loss) from gaming activities . . ▶		951			951
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . . . ▶		44,025,352	38,217,436		4,639,580

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,602	9,602		
2 Grants and other assistance to domestic individuals See Part IV, line 22	78,667	78,667		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,621		301,586	11,035
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	287,440		217,945	69,495
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,990		8,334	2,656
9 Other employee benefits	63,280		37,141	26,139
10 Payroll taxes	31,919		26,490	5,429
11 Fees for services (non-employees)				
a Management				
b Legal	22,284		22,284	
c Accounting	101,726		101,726	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	221,530		221,530	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	266,129	84,000	182,129	
12 Advertising and promotion	5,459		5,459	
13 Office expenses	87,388		87,388	
14 Information technology				
15 Royalties . .				
16 Occupancy	916,368	916,368		
17 Travel	42,404		42,404	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	4,361,984	4,361,984		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	24,002,931	24,002,931		
23 Insurance . . .	31,417		31,417	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOUNDATION HEALTH START U	3,496,039		3,496,039	
b LETTER OF CREDIT/REMARKET	1,044,390	1,044,390		
c LEASE EXPENSE	649,489	649,489		
d PROPERTY TAX	353,659	353,659		
e All other expenses	363,393	277,269	51,102	35,022
25 **Total functional expenses.** Add lines 1 through 24e	36,761,109	31,778,359	4,832,974	149,776
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	12,030,351	1	402,828
	2	Savings and temporary cash investments	23,179,003	2	16,181,061
	3	Pledges and grants receivable, net	60,672	3	248,108
	4	Accounts receivable, net		4	20,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	371,404	7	354,757
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	403,816	9	62,926
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 514,897,742			
	b	Less accumulated depreciation — 10b: 268,076,906	252,236,421	10c	246,820,836
	11	Investments—publicly traded securities	144,900,401	11	153,998,701
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	44,536,182	13	65,572,524
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	10,293,492	15	9,395,775
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	488,011,742	16	493,057,516
Liabilities	17	Accounts payable and accrued expenses	4,655,276	17	1,656,352
	18	Grants payable		18	
	19	Deferred revenue	16,963	19	16,781
	20	Tax-exempt bond liabilities	140,699,736	20	134,269,660
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	9,906,715	25	8,597,557
	26	**Total liabilities.** Add lines 17 through 25	155,278,690	26	144,540,350
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	330,370,998	27	346,244,683
	28	Temporarily restricted net assets	2,119,802	28	2,015,483
	29	Permanently restricted net assets	242,252	29	257,000
		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	332,733,052	33	348,517,166
	34	Total liabilities and net assets/fund balances	488,011,742	34	493,057,516

Part XI Reconcilliation 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	44,025,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,761,109
3	Revenue less expenses Subtract line 2 from line 1	3	7,264,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	332,733,052
5	Net unrealized gains (losses) on investments	5	4,626,459
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	3,893,412
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	348,517,166

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 92-0035784

Name: THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF COOK PRESIDENT	1 50 1 00	X		X				0	0	0
GARY RODERICK 1ST VICE PRE	1 20 1 00	X		X				0	0	0
WILLIAM VIVLAMORE 2ND VICE PRE	1 00 0 40	X		X				0	0	0
ROGER FLOERCHINGER TREASURER	1 20 0 30	X		X				0	0	0
JOE FAULHABER SECRETARY	1 30 1 30	X		X				0	0	0
MARGARET SODEN TRUSTEE	0 70 0 70	X						0	0	0
SCOTT BELL CONSTR CHAIR	1 00 0 60	X						0	0	0
WALTER CARLO TRUSTEE EMER	0 00 0 00	X						0	0	0
ELIZABETH SCHOK TRUSTEE	0 30	X						0	0	0
RON DAVIS TRUSTEE	0 60 0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREA GELVIN TRUSTEE EMER	0 10 0 00	X						0	0	0
GAIL HATTAN TRUSTEE	0 70	X						0	0	0
CHERYL KILGORE TRUSTEE	0 50	X						0	0	0
DAVID MCNARY TRUSTEE	0 60	X						0	0	0
WILLIAM W MENDENHALL TRUSTEE EMER	0 20	X						0	0	0
RICHARD SEIFERT TRUSTEE EMER	0 60	X						0	0	0
DON THIBEDEAU TRUSTEE	0 30	X						0	0	0
STEVE STEPHENS TRUSTEE EMER		X						0	0	0
BECKY ZAVERL TRUSTEE	0 20	X						0	0	0
BERNARD GATEWOOD TRUSTEE	0 60	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GALEN JOHNSON TRUSTEE	0 70	X						0	0	0
MICHAEL SFRAGA TRUSTEE	0 00	X						0	0	0
BENJAMIN ROTH TRUSTEE	0 30	X						0	0	0
MARK SIMON TRUSTEE	0 80	X						0	0	0
CHARLENE OSTBLOOM TRUSTEE	0 00 0 00	X						0	0	0
RYAN BINKLEY TRUSTEE	0 50	X						0	0	0
KAREN PERDUE TRUSTEE	0 70 1 20	X						0	0	0
BILL BAILEY TRUSTEE	0 10	X						0	0	0
MATT WILKEN TRUSTEE	0 10	X						0	0	0
DANTE CONLEY TRUSTEE	0 30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM CAREY TRUSTEE	0 20	X						0	0	0
DOUG TANSY TRUSTEE	0 40	X						0	0	0
SHELLEY EBENAL ED/ GEN COUN	40 00			X				0	233,202	41,285
RUTH WENDLER CFO	30 00			X				0	61,310	14,801

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SCHEDULE A (Form 990 or 990EZ)

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

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	765,843	495,020	651,988	849,304	1,247,748	4,009,903
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	765,843	495,020	651,988	849,304	1,247,748	4,009,903
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						4,009,903

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	765,843	495,020	651,988	849,304	1,247,748	4,009,903
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,918,376	6,180,648	5,974,594	4,309,613	4,693,210	26,076,441
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			28,300	1,575	1,070	30,945
11 **Total support.** Add lines 7 through 10						30,117,289

12	Gross receipts from related activities, etc (see instructions)	12	209,896,636

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	13 310 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	13 200 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 line 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 year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

STATEMENT FOR PART IV, SCHEDULE A - CONCERNING FACTS AND CIRCUMSTANCES "TEST" COMPLIANCE FOR TAX YEARS 2017 AND 2016, THE HOSPITAL FOUNDATION IS SHY OF HITTING THE AUTOMATIC PUBLIC CHARITY STANDARD OF 33 33 PERCENT UNDER 509(A)(1)/170(B) (1)(A)(VI) IT ACHIEVED (IN ROUNDED NUMBERS) 13 AND 13 PERCENT FOR 2017 AND 2016, RESPECTIVELY BOTH YEARS' MATHEMATICAL RESULTS REFLECT THE PRESENCE, OVER THEIR RESPECTIVE TEST PERIODS, OF A VARIETY OF FACTORS THAT MAKE IT DIFFICULT FOR THE HOSPITAL FOUNDATION TO ACHIEVE A 33 33 PERCENT OR GREATER RESULT AS NOTED BELOW THEIR PRESENCE (AND THE PUBLIC SUPPORT TEST PERCENTAGES RESULTING THEREFROM), DOES NOT MEAN THAT THE HOSPITAL FOUNDATION HAS FAILED TO BE SUPPORTED BY THE PUBLIC NOR THAT IT FAILS TO BE RESPONSIVE TO THE NEEDS OF THE WIDER PUBLIC WITH RESPECT TO MEETING THE "FACTS AND CIRCUMSTANCES TEST" OVERALL, THE HOSPITAL FOUNDATION ALWAYS HAS SOLICITED SUPPORT FROM A LARGE POOL OF INDIVIDUALS AND CORPORATE FUNDERS IN AND REPRESENTATIVE OF THE WIDER COMMUNITY IT CONTINUALLY WORKS TO ESTABLISH RELATIONSHIPS WITH POTENTIAL NEW CORPORATE AND/OR COMMUNITY "PARTNERS", INCLUDING OTHER 501(C)(3) PUBLIC CHARITIES AND AGENCIES WHOSE WORK OR GOALS ARE IN AFFINITY WITH THOSE OF THE HOSPITAL FOUNDATION WHILE THE BOARD OF TRUSTEES AND THE HOSPITAL FOUNDATION'S OFFICERS PURSUE AN AMBITIOUS AND DIVERSE STRATEGY OF MAXIMIZING RETURN ON INVESTMENT ASSETS, THEY ARE WELL AWARE THAT SUCCESSES IN THAT FIELD MUST BE LEVERAGED TO THE END OF SOLICITING MORE DONATIVE SUPPORT INDEED, THE BOARD OF TRUSTEES IS WELL SUITED TO SUCH TASK, AS ITS MEMBERS ARE BROADLY REPRESENTATIVE OF THE GENERAL PUBLIC, AND ARE THEMSELVES PERSONS WITH EXPERTISE IN THE HOSPITAL FOUNDATION'S UNDERTAKINGS AND PURPOSES AS WELL AS CAPABLE AND RESPECTED COMMUNITY LEADERS PERCENTAGE OF SUPPORT AS INDICATED ON PAGE 2 OF SCHEDULE A, THE PUBLIC PERCENTAGE SUPPORT IS IN EXCESS OF 13 PERCENT THIS CALCULATION INCLUDES INVESTMENT INCOME FROM FUNDS SET ASIDE FOR FUTURE CONSTRUCTION COSTS AND TO SATISFY BOND COMPLIANCE REQUIREMENTS THESE INVESTMENTS HAVE GROWN IN SIZE, PARTIALLY BECAUSE BUILDING AND EQUIPMENT NEEDS IN THE PAST WERE FUNDED WITH CONTRIBUTIONS AND GRANTS FROM THE GOVERNMENT AND GENERAL PUBLIC AS WELL AS PROCEEDS FROM THE ISSUANCE OF BONDS THIS HAS ALLOWED INCOME GENERATED FROM OPERATIONS TO BE AVAILABLE FOR INVESTMENT MONEY FROM OPERATIONS IS NOW USED TO FUND CONSTRUCTION AND EQUIPMENT THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GREW INCREMENTALLY OVER THE LAST 40 YEARS AND A CONTINUAL EXPANSION IS EXPECTED IN 2004, THE HOSPITAL FOUNDATION EMBARKED ON A SERIES OF MAJOR CONSTRUCTION PROJECTS ON AND AROUND THE HOSPITAL CAMPUS ESTIMATED BETWEEN 175 MILLION TO 200 MILLION BECAUSE OF ITS STRONG CASH AND INVESTMENT POSITION, THE HOSPITAL FOUNDATION WAS ABLE TO TAKE ADVANTAGE OF AN OPPORTUNITY TO BORROW 120 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY IN 2009, THE FOUNDATION ISSUED ADDITIONAL BONDS TO ASSIST IN THE CONSTRUCTION OF THE HARRY AND SALLY PORTER HEART CENTER THE PROCEEDS FROM THE BOND ISSUANCE AND THE HOSPITAL FOUNDATION'S INVESTMENTS HAVE BEEN USED TO FINANCE THESE PROJECTS IN 2014, THE FOUNDATION BORROWED AN ADDITIONAL 55 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY TO FUND THE CONSTRUCTION OF A NEW SURGERY CENTER SOURCES OF SUPPORT INCLUDED IN CONTRIBUTIONS ARE MANY DONATIONS FROM THE GENERAL PUBLIC IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL, LONG-TERM CARE, AND CANCER TREATMENT CENTER FACILITIES AND OPERATIONS THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION OWNS THE ONLY CIVILIAN HOSPITAL IN THE FAIRBANKS NORTH STAR BOROUGH OF ALASKA AND SERVES PEOPLE THROUGHOUT THE FAIRBANKS NORTH STAR BOROUGH, AS WELL AS THE "BUSH AREAS" OF INTERIOR ALASKA THE CLOSEST FACILITY OF THIS CALIBER IS IN THE ANCHORAGE AREA WHICH IS 360 MILES SOUTH OF FAIRBANKS THE DONATIONS RECEIVED IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GENERALLY ARE FROM PEOPLE AND ORGANIZATIONS LOCATED IN INTERIOR ALASKA DONATION DRIVES OCCUR REGULARLY TO FUND PARTICULARLY COSTLY ADDITIONS TO THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS OR FOR EXPENSIVE EQUIPMENT, SUCH AS THE RECENT DRIVE TO FUND THE CONSTRUCTION OF THE SURGERY CENTER THIS PROJECT WAS FUNDED FROM DONATIONS FROM INDIVIDUALS AND LOCAL BUSINESS ENTERPRISES AND FROM PROCEEDS FROM ISSUANCE OF BONDS DONATIONS ARE ALSO RECEIVED ON AN ON-GOING BASIS FROM INDIVIDUALS AND BUSINESS ENTERPRISES WISHING TO SUPPORT THE HOSPITAL FOUNDATION'S MISSION GOVERNING BOARD THERE ARE 32 VOLUNTEER MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL FOUNDATION TWENTY OF THE TRUSTEES ARE ELECTED AT ANNUAL MEETINGS BY THE MEMBERSHIP FOR STAGGERED THREE-YEAR TERMS THE PRESIDENT APPOINTS TWO ADDITIONAL TRUSTEES TO ONE-YEAR TERMS, THE HOSPITAL MEDICAL STAFF ELECTS TWO ADDITIONAL TRUSTEES FOR THREE YEAR TERMS, AND THE HOSPITAL OPERATORS EMPLOYEES ELECT ONE ADDITIONAL TRUSTEE FOR A THREE YEAR TERM A GENERAL MEMBERSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS IS ELIGIBLE TO BECOME AN EMERITUS TRUSTEE THE TRUSTEES MUST BE MEMBERS OF THE HOSPITAL FOUNDATION MEMBERSHIP TO THE HOSPITAL FOUNDATION IS 25 PER YEAR OR 1,000 TO BE A LIFETIME MEMBER ANY INDIVIDUAL INTERESTED IN FOSTERING THE PURPOSES OF THE HOSPITAL FOUNDATION IS ELIGIBLE FOR MEMBERSHIP EACH MEMBER IN GOOD STANDING IS ELIGIBLE TO VOTE AT THE ANNUAL MEETING AVAILABILITY OF PUBLIC FACILITIES OR SERVICES THE FACILITIES AND SERVICES OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS AND ALL OF ITS RESOURCES ARE AVAILABLE TO ANY MEMBER OF THE GENERAL PUBLIC, REGARDLESS OF WHERE THEY LIVE THIS INCLUDES CITIZENS OF THE FAIRBANKS NORTH STAR BOROUGH, INDIVIDUALS WHO LIVE IN RURAL ALASKA, AS WELL AS TOURISTS AND VISITORS TO OUR COMMUNITY PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES THE HOSPITAL FOUNDATION IS A VISIBLE MEMBER OF THE COMMUNITY AND OFFERS ITS MEDICAL FACILITIES FOR USE BY MEDICAL AND HEALTH PROFESSIONALS, AND THE GENERAL PUBLIC FOR INFORMATION AND EDUCATION CAMPAIGNS THE HOSPITAL FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION UNDER ORDINANCES ENACTED BY THE ELECTED OFFICIALS OF OUR LOCAL GOVERNMENT, THE FAIRBANKS NORTH STAR BOROUGH, AND IS THEREFORE EXEMPT FROM LOCAL PROPERTY TAXES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	GAMING INCOME 30,945

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	STATEMENT FOR PART IV, SCHEDULE A - CONCERNING FACTS AND CIRCUMSTANCES "TEST" COMPLIANCE F OR TAX YEARS 2017 AND 2016, THE HOSPITAL FOUNDATION IS SHY OF HITTING THE AUTOMATIC PUBLIC CHARITY STANDARD OF 33 33 PERCENT UNDER 509(A)(1)/170(B) (1)(A)(VI) IT ACHIEVED (IN ROUN DED NUMBERS) 13 AND 13 PERCENT FOR 2017 AND 2016, RESPECTIVELY BOTH YEARS' MATHEMATICAL R ESULTS REFLECT THE PRESENCE, OVER THEIR RESPECTIVE TEST PERIODS, OF A VARIETY OF FACTORS T HAT MAKE IT DIFFICULT FOR THE HOSPITAL FOUNDATION TO ACHIEVE A 33 33 PERCENT OR GREATER RE SULT AS NOTED BELOW THEIR PRESENCE (AND THE PUBLIC SUPPORT TEST PERCENTAGES RESULTING THE REFROM), DOES NOT MEAN THAT THE HOSPITAL FOUNDATION HAS FAILED TO BE SUPPORTED BY THE PUBL IC NOR THAT IT FAILS TO BE RESPONSIVE TO THE NEEDS OF THE WIDER PUBLIC WITH RESPECT TO ME ETING THE "FACTS AND CIRCUMSTANCES TEST" OVERALL, THE HOSPITAL FOUNDATION ALWAYS HAS SOLIC ITED SUPPORT FROM A LARGE POOL OF INDIVIDUALS AND CORPORATE FUNDERS IN AND REPRESENTATIVE OF THE WIDER COMMUNITY IT CONTINUALLY WORKS TO ESTABLISH RELATIONSHIPS WITH POTENTIAL NEW CORPORATE AND/OR COMMUNITY "PARTNERS", INCLUDING OTHER 501(C)(3) PUBLIC CHARITIES AND AGE NCIES WHOSE WORK OR GOALS ARE IN AFFINITY WITH THOSE OF THE HOSPITAL FOUNDATION WHILE THE BOARD OF TRUSTEES AND THE HOSPITAL FOUNDATION'S OFFICERS PURSUE AN AMBITIOUS AND DIVERSE STRATEGY OF MAXIMIZING RETURN ON INVESTMENT ASSETS, THEY ARE WELL AWARE THAT SUCCESSES IN THAT FIELD MUST BE LEVERAGED TO THE END OF SOLICITING MORE DONATIVE SUPPORT INDEED, THE B OARD OF TRUSTEES IS WELL SUITED TO SUCH TASK, AS ITS MEMBERS ARE BROADLY REPRESENTATIVE OF THE GENERAL PUBLIC, AND ARE THEMSELVES PERSONS WITH EXPERTISE IN THE HOSPITAL FOUNDATION' S UNDERTAKINGS AND PURPOSES AS WELL AS CAPABLE AND RESPECTED COMMUNITY LEADERS PERCENTAGE OF SUPPORT AS INDICATED ON PAGE 2 OF SCHEDULE A, THE PUBLIC PERCENTAGE SUPPORT IS IN EXCE SS OF 13 PERCENT THIS CALCULATION INCLUDES INVESTMENT INCOME FROM FUNDS SET ASIDE FOR FUT URE CONSTRUCTION COSTS AND TO SATISFY BOND COMPLIANCE REQUIREMENTS THESE INVESTMENTS HAVE GROWN IN SIZE, PARTIALLY BECAUSE BUILDING AND EQUIPMENT NEEDS IN THE PAST WERE FUNDED WIT H CONTRIBUTIONS AND GRANTS FROM THE GOVERNMENT AND GENERAL PUBLIC AS WELL AS PROCEEDS FROM THE ISSUANCE OF BONDS THIS HAS ALLOWED INCOME GENERATED FROM OPERATIONS TO BE AVAILABLE FOR INVESTMENT MONEY FROM OPERATIONS IS NOW USED TO FUND CONSTRUCTION AND EQUIPMENT THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GREW INCREMENTALLY OVER THE LAST 40 YEARS AND A CONTI NUAL EXPANSION IS EXPECTED IN 2004, THE HOSPITAL FOUNDATION EMBARKED ON A SERIES OF MAJOR CONSTRUCTION PROJECTS ON AND AROUND THE HOSPITAL CAMPUS ESTIMATED BETWEEN 175 MILLION TO 200 MILLION BECAUSE OF ITS STRONG CASH AND INVESTMENT POSITION, THE HOSPITAL FOUNDATION W AS ABLE TO TAKE ADVANTAGE OF AN OPPORTUNITY TO BORROW 120 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY IN 2009, THE FOUNDATION ISSUED AD

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	DITIONAL BONDS TO ASSIST IN THE CONSTRUCTION OF THE HARRY AND SALLY PORTER HEART CENTER T HE PROCEEDS FROM THE BOND ISSUANCE AND THE HOSPITAL FOUNDATION'S INVESTMENTS HAVE BEEN USE D TO FINANCE THESE PROJECTS IN 2014, THE FOUNDATION BORROWED AN ADDITIONAL 55 MILLION THR OUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY TO FUND THE CONSTRUCTION OF A NEW SURGERY CENTER SOURCES OF SUPPORT INCL UDED IN CONTRIBUTIONS ARE MANY DONATIONS FROM THE GENERAL PUBLIC IN SUPPORT OF THE HOSPITA L FOUNDATION'S MEDICAL, LONG-TERM CARE, AND CANCER TREATMENT CENTER FACILITIES AND OPERATI ONS THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION OWNS THE ONLY CIVILIAN HOSPITAL I N THE FAIRBANKS NORTH STAR BOROUGH OF ALASKA AND SERVES PEOPLE THROUGHOUT THE FAIRBANKS NO RTH STAR BOROUGH, AS WELL AS THE "BUSH AREAS" OF INTERIOR ALASKA THE CLOSEST FACILITY OF THIS CALIBER IS IN THE ANCHORAGE AREA WHICH IS 360 MILES SOUTH OF FAIRBANKS THE DONATIONS RECEIVED IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GENERALLY ARE FROM PEOPLE AND ORGANIZATIONS LOCATED IN INTERIOR ALASKA DONATION DRIVES OCCUR REGULARLY TO FUND PAR TICULARLY COSTLY ADDITIONS TO THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS OR FOR EXPENSIVE EQ UIPMENT, SUCH AS THE RECENT DRIVE TO FUND THE CONSTRUCTION OF THE SURGERY CENTER THIS PRO JECT WAS FUNDED FROM DONATIONS FROM INDIVIDUALS AND LOCAL BUSINESS ENTERPRISES AND FROM PR OCEEDS FROM ISSUANCE OF BONDS DONATIONS ARE ALSO RECEIVED ON AN ON-GOING BASIS FROM INDIV IDUALS AND BUSINESS ENTERPRISES WISHING TO SUPPORT THE HOSPITAL FOUNDATION'S MISSION GOVE RNING BOARD THERE ARE 32 VOLUNTEER MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL FOUNDA TION TWENTY OF THE TRUSTEES ARE ELECTED AT ANNUAL MEETINGS BY THE MEMBERSHIP FOR STAGGERE D THREE-YEAR TERMS THE PRESIDENT APPOINTS TWO ADDITIONAL TRUSTEES TO ONE-YEAR TERMS, THE HOSPITAL MEDICAL STAFF ELECTS TWO ADDITIONAL TRUSTEES FOR THREE YEAR TERMS, AND THE HOSPIT AL OPERATORS EMPLOYEES ELECT ONE ADDITIONAL TRUSTEE FOR A THREE YEAR TERM A GENERAL MEMBE RSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS IS ELIGIBLE TO BE COME AN EMERITUS TRUSTEE THE TRUSTEES MUST BE MEMBERS OF THE HOSPITAL FOUNDATION MEMBERS HIP TO THE HOSPITAL FOUNDATION IS 25 PER YEAR OR 1,000 TO BE A LIFETIME MEMBER ANY INDIVI DUAL INTERESTED IN FOSTERING THE PURPOSES OF THE HOSPITAL FOUNDATION IS ELIGIBLE FOR MEMBE RSHIP EACH MEMBER IN GOOD STANDING IS ELIGIBLE TO VOTE AT THE ANNUAL MEETING AVAILABILIT Y OF PUBLIC FACILITIES OR SERVICES THE FACILITIES AND SERVICES OF THE HOSPITAL FOUNDATION' S MEDICAL CAMPUS AND ALL OF ITS RESOURCES ARE AVAILABLE TO ANY MEMBER OF THE GENERAL PUBLI C, REGARDLESS OF WHERE THEY LIVE THIS INCLUDES CITIZENS OF THE FAIRBANKS NORTH STAR BOROU GH, INDIVIDUALS WHO LIVE IN RURAL ALASKA, AS WELL AS TOURISTS AND VISITORS TO OUR COMMUNIT Y PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES THE HOSPITAL FOUNDATION IS A VISIBLE MEMBE R OF THE COMMUNITY AND OFFERS

990 Schedule A, Supplemental Information

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

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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

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	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 in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	242,252	232,822	241,809	235,131	217,786
b Contributions					
c Net investment earnings, gains, and losses	14,748	9,430	-8,987	6,678	17,345
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	257,000	242,252	232,822	241,809	235,131

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" on 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		12,952,050		12,952,050
b Buildings		385,357,636	184,509,122	200,848,514
c Leasehold improvements				
d Equipment		109,559,587	79,761,074	29,798,513
e Other		7,028,469	3,806,710	3,221,759
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				246,820,836

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN FOUNDATION HEALTH LLC	65,572,524	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	65,572,524	

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	
INTEREST RATE SWAP DERIVATIVE	8,597,557
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,597,557

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	52,668,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	4,626,459		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	4,016,723		
e	Add lines **2a** through **2d**			2e	8,643,182
3	Subtract line **2e** from line **1**			3	44,025,352
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	44,025,352

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	36,884,420
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	123,311		
e	Add lines **2a** through **2d**			2e	123,311
3	Subtract line **2e** from line **1**			3	36,761,109
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	36,761,109

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 92-0035784

Name: THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	GAIN (LOSS) FROM CHANGE IN FAIR VALUE DERIVATIVE 1,309,158 GAIN ON ALASKA COMMUNITY FOUNDATION 14,748 EVENT EXPENSES DEDUCTED IN FORM 990 REVENUES 123,192 DIRECT GAMING EXPENSES DEDUCTED IN FORM 990 REVENUES 119 GAIN ON REVERSION OF TVC 2,569,506

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	EVENT EXPENSES DEDUCTED IN FORM 990 REVENUES 123,192 DIRECT GAMING EXPENSES DEDUCTED IN FORM 990 REVENUES 119

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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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

Revenue		(a) Event #1 FIDDLE FEST (event type)	(b) Event #2 SURGERY WINE TA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	140,092	83,581	37,019	260,692
	2 Less Contributions	131,362	76,381	10,789	218,532
	3 Gross income (line 1 minus line 2)	8,730	7,200	26,230	42,160
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,898			1,898
	7 Food and beverages	2,106			2,106
	8 Entertainment	33,500			33,500
	9 Other direct expenses	57,440	23,581	3,267	84,288
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				121,792
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-79,632

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

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

9 Enter the state(s) in which the organization conducts gaming activities AK

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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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

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FOUNDATION HEALTH LLC 1650 COWLES STREET FAIRBANKS, AK 99701	81-3021580	501C3	9,602				COMMUNITY EDUCATION

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STIPENDS	7	42,000			
(2) PHYSICIAN SIGNING BONUS	2	36,667			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	GRANT FUNDS ARE BASED ON REIMBURSEMENTS OF ACTUAL EXPENSES AMOUNTS ARE PAID UPON RECEIPT OF INVOICES
SCHEDULE I, PAGE 4, PART IV	PART II, LINE 1 ASSISTANCE PROVIDED TO FOUNDATION HEALTH, LLC IS REIMBURSEMENT FOR FAIRBANKS MEMORIAL HOSPITAL'S MANAGED OUTREACH PROGRAM PART III, LINE 1 STIPENDS ARE OFFERED TO A LIMITED NUMBER OF MEDICAL STUDENTS TO ASSIST IN HOUSING COSTS PART III, LINE 2 PHYSICIAN SIGNING BONUS IS TO PROMOTE PHYSICIAN RECRUITMENT THESE WERE PAID IN PRIOR YEARS AND ARE EXPENDED AS EARNED

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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

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELLEY EBENAL ED/ GEN COUN	(i)	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -	- - - - - - - - - - - -
	(ii)	182,926	50,000	276	6,221	36,564	274,487	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 7	DISCRETIONARY BONUSES OF 50,000 AND 5,000 WERE PAID TO EXECUTIVE DIRECTOR SHELLEY EBENAL AND CHIEF FINANCIAL OFFICER RUTH WENDLER, RESPECTIVELY, AS PART OF THE TRANSITION TO OPERATING THE LOCAL HOSPITAL THROUGH THE CAPITALIZATION OF THE CONTROLLED ENTITY FOUNDATION HEALTH, LLC

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,165,000	1,360,000	1,715,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	90,088,688	29,120,762	54,892,789	
4	Gross proceeds in reserve funds	2,858,000	1,244,500	4,024,325	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,239,608	582,415	866,060	
8	Credit enhancement from proceeds	671,925	50,660		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		8,593,962	50,002,404	
11	Other spent proceeds	85,319,155	18,649,225		
12	Other unspent proceeds				
13	Year of substantial completion	2006	2010	2016	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b	Name of provider	CITIGROUP		CITIGROUP					
c	Term of hedge	1700 0000000000 %		1700 0000000000 %					
d	Was the hedge superintegrated?		X		X				
e	Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		
b	Name of provider	CITIGROUP							
c	Term of GIC	1700 0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

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

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

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

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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

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVE R AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING OUTSTANDING MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIR ONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AN D 4) CREATING PARTNERSHIPS TO DELIVER QUALITY PATIENT CARE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	PART V, LINE 2A & PART VII, SECTION A THE FOUNDATION "EMPLOYEE" PAYROLL OCCURS THROUGH FOU NDATION HEALTH, LLC, A RELATED ORGANIZATION THE FOUNDATION REIMBURSES FOUNDATION HEALTH O N A MONTHLY BASIS ITS PAYROLL COSTS RELATED TO THE INDIVIDUALS WHO PROVIDE SERVICES TO THE FOUNDATION FOUNDATION HEALTH IS RESPONSIBLE FOR FILING ALL THE REQUIRED FEDERAL PAYROLL REPORTS AND ISSUES THE W-2'S TO THE EMPLOYEES THEREFORE, PER PART V LINE 2A THE FOUNDATIO N REPORTS ZERO EMPLOYEES ON FORM W-3 EVEN THOUGH PART IX LINE 5, 7, 8, 9 AND 10 REPORT PAY ROLL COSTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE FOUNDATION HAS FOUR CLASSES OF MEMBERS, AND MEMBERSHIP IS ON AN ANNUAL BASIS THE DESI GNATION OF SUCH CLASSES AND THE QUALIFICATIONS OF THE MEMBERS OF SUCH CLASSES ARE AS FOLLO WS A) GENERAL MEMBERSHIP ANY INDIVIDUAL WHO IS A RESIDENT OF ALASKA AND WHO IS NOT A MEM BER OF THE CLASSES SET FORTH IN (B)-(C) IS ELIGIBLE FOR A GENERAL MEMBERSHIPS IN THE FOUND ATION (B) FACILITY MEMBERSHIP ANY INDIVIDUAL, WHO IS AN EMPLOYEE OF FOUNDATION HEALTH, A ND OR ITS SUBSIDIARIES OR AFFILIATED COMPANIES, IS ELIGIBLE FOR A FACILITY MEMBERSHIP IN T HE FOUNDATION (C) MEDICAL STAFF MEMBERSHIP ANY INDIVIDUAL WHO IS A CREDENTIALED MEMBER O R AFFILIATE OF THE MEDICAL STAFF OF THE FACILITIES OWNED BY THE FOUNDATION AND WHO IS NOT ELIGIBLE FOR A FACILITY MEMBERSHIP SHALL BE ELIGIBLE FOR A MEDICAL STAFF MEMBERSHIP IN THE FOUNDATION (D) ASSOCIATED MEMBERSHIP ANY PERSON NOT ELIGIBLE FOR MEMBERSHIP IN THE FOUN DATION UNDER (A)-(C) ABOVE IS ELIGIBLE FOR AN ASSOCIATE MEMBERSHIP IN THE FOUNDATION ASSO CIATE MEMBERSHIP MEMBERS MAY INCLUDE CORPORATIONS, UNINCORPORATED ASSOCIATIONS, OR OTHER E NTITIES ASSOCIATE MEMBERS DO NOT HAVE ANY RIGHTS OF GENERAL MEMBERSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE VOTED TO RETAIN THE EXECUTIVE DIRECTOR/GENERAL COUNSEL ON THE TERM S OF THE EMPLOYMENT AGREEMENT PROPOSED BY THE HIRING COMMITTEE IN 2007 FOUNDATION HEALTH PARTNER'S BOARD OF DIRECTORS' COMPENSATION COMMITTEE MONITORS SENIOR LEADERSHIP COMPENSATI ON THE COMPENSATION IN 2017 WAS SET WITHIN THE PERMISSIBLE RANGES PER FOUNDATION HEALTH P ARTNER'S HUMAN RESOURCES DEPARTMENT THESE RANGES ARE ESTABLISHED AND REVIEWED ANNUALLY BY THE FOUNDATION HEALTH PARTNER'S HUMAN RESOURCES COMPENSATION AND BENEFITS TEAM FINAL APP ROVAL OF THE COMPENSATION IS MADE BY THE EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN FROM CHANGE IN FAIR VALUE DERIVATIVE 1,309,158 GAIN ON REVERSION OF TVC 2,569,506 GAI N ON ALSKA COMMUNITY FOUNDATION 14,748 TOTAL 3,893,412

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)FOUNDATION HEALTH LLC 1650 COWLES ST FAIRBANKS, AK 99701 81-3021580	HEALTHCARE	AK	501C3	3	GREATER FAIRBANKS COMM HOSPITAL FDN INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)FOUNDATION HEALTH LLC	A	36,176,972	CASH
(2)FOUNDATION HEALTH LLC	B	65,582,126	CASH
(3)FOUNDATION HEALTH LLC	J	36,176,972	CASH
(4)FOUNDATION HEALTH LLC	O	702,167	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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