## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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.

Open to Public

| Dep<br>inte                  | artment o<br>mal Rever  | f the Treasury<br>nue Service | ► Go to www.irs.gov/Form990 for instructions and the latest info                                   | rmation.      |                 | Inspection                 |  |  |
|------------------------------|---|-------------------------------|--|---------------|-----------------|----------------------------|--|--|
| A                            | A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20 |                               |  |               |                 |                            |  |  |
| В                            | Check if  | applicable                    | C Name of organization BROOKINGS HEALTH SYSTEM FOUNDATION  |               | Employer id     | dentification number       |  |  |
|                              | Address   | change                        | Doing business as  |               | 2               | 7-1785343                  |  |  |
|                              | Name cl   | nange                         | Number and street (or P O. box if mail is not delivered to street address) Room/suite              | E             | Telephone r     |                            |  |  |
|                              | Initial ref   | -                             | 300 22ND AVENUE  |               | 60              | 5-696-8855                 |  |  |
|                              | Fına <b>i</b> retu  | rn/terminated                 | City or town, state or province, country, and ZIP or foreign postal code                           |               |                 |                            |  |  |
|                              | Amende  |                               | BROOKINGS, SD 57006  |               |                 | pts \$ 320,857             |  |  |
|                              | Applicat  | ion pending                   |  |               |                 | rdinates? Yes V No         |  |  |
| _                            |   |                               |  |               |                 | luded? Yes No              |  |  |
| <u> </u>                     |   | mpt status                    | ✓ 501(c)(3)  |               |                 | (see instructions)         |  |  |
| J                            | Website   |                               |  | H(c) Group ex |                 |                            |  |  |
| K                            |   |                               | ✓ Corporation       Trust       Association       Other ►       L Year of formation                |               | M State of le   | egal domicile              |  |  |
| نا                           | art I   | Summ                          |  | 250015        |                 |                            |  |  |
|                              | 1   | _                             | scribe the organization's mission or most significant activities: INSPIRING                        | PEOPLE I      | O SUPPOI        | KI                         |  |  |
| ر<br>Activities & Governance |   | BROOKIN                       | GS HEALTH SYSTEM THROUGH PHILANTHROPY  |               |                 |                            |  |  |
| T.                           |   | Ob - al. 46                   |  | Abaa O        | ντον -4:4-      |                            |  |  |
| ove                          | 2   |                               | s box $\blacktriangleright$ if the organization discontinued its operations or disposed of m       |               |                 |                            |  |  |
| Ğ                            | 3   |                               |  |               | 3 4             |                            |  |  |
| Š                            | 4   |                               |  |               | 5               | 7                          |  |  |
| ij                           | 5   |                               | nber of individuals employed in calendar year 2017 (Part V, line 2a)                               |               | 6               | 0                          |  |  |
| į                            | 6   |                               | hber of volunteers (estimate if necessary)   |               | 7a              | 25                         |  |  |
| 20 <b>-</b>                  | 7a  |                               | elated business revenue from Part VIII, column (C), line 12  |               | 7a   7b         | 0                          |  |  |
| J —                          | <u> </u>  | Net unite                     | ated business taxable income from Form 990-T, line 34  | Prior Year    |                 | Current Year               |  |  |
| ရ                            | 8   | Contribut                     |  |               |                 |                            |  |  |
| ∤। । ।<br>Revenue            | 9   |                               | ions and grants (Part VIII, line 1h)   | 4             | 190,747         | 315,597                    |  |  |
| Ξ §                          | 10  | _                             | nt income (Part VIII, column (A), lines 3, 4, and 7d)  | · ·           | 1 020           | 0                          |  |  |
| AUU<br>Reve                  | 11  |                               | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                    |               | 1,020<br>262    | 472                        |  |  |
| ~                            | 12  |                               | nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)                             |               | 92,029          | 1,259<br>317,328           |  |  |
|                              | 13  |                               | nd similar amounts paid (Part IX, column (A), lines 1–3)   |               |                 |                            |  |  |
| Expenses                     | 14  |                               | paid to or for members (Part IX, column (A), line 4)   | 2,0           | 25,156          | <u>582,925</u><br>0        |  |  |
|                              | 15  |                               | other compensation, employee benefits (Part IX, column (A), lines 5–10)                            | ,             | 76,000          | 60,285                     |  |  |
| Ses 🥶                        | 16a   |                               | nal fundraising fees (Part IX, column (A), line 11e)   |               | 70,000          | 00,283                     |  |  |
| (₹) <b>2</b>                 | b   |                               | draising expenses (Part IX, column (D), line (DEIVED   |               |                 |                            |  |  |
| 滋                            | 17  | Other exi                     | penses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 24,442          | 25,624                     |  |  |
|                              | 18  |                               | 11   |               | 25,598          | 668,834                    |  |  |
|                              | 19  | Revenue                       | enses. Add lines 13–17 (must equalifier IX, column (A), line 25 5).                                |               | 33,569          | -351,506                   |  |  |
| - 2                          |   | 110101140                     |  | ning of Curre |                 | End of Year                |  |  |
| ets or                       | 20  | Total ass                     | ets (Part X, line 16)  | 2.4           | 76,523          | 2,117,937                  |  |  |
| Ass                          | 21  |                               | ets (Part X, line 16)  | <u>-, ·</u>   | 8,074           | 994                        |  |  |
| Net Assets                   | 22  |                               | s or fund balances. Subtract line 21 from line 20  | 2.4           | 68,449          | 2,116,943                  |  |  |
|                              | art II  |                               | ure Block  |               |                 |                            |  |  |
|                              |   | Ities of perjui               | y. Lideclare that I have examined this return, including accompanying schedules and statements     | s, and to the | best of my ki   | nowledge and belief, it is |  |  |
| tru                          | ie, correct   | t, and comple                 | te. Declaration of preparer (other than officer) is based on all information of which preparer has | any knowledo  | ge              |                            |  |  |
|                              |   |                               |  | ()5           | 1/10/18         | 7)                         |  |  |
| Sig                          | gn (  | Signa                         | ture of officer  | Date          | 7               |                            |  |  |
| He                           | ere   | 1                             | -Daud KNUID (Trair   |               |                 |                            |  |  |
|                              |   | Туре                          | or pnnt name and title   |               |                 |                            |  |  |
| Ps                           | aid   | Print/Typ                     | e preparer's name Preparer's signature Date  |               | —–<br>Check ∏ r | f PTIN                     |  |  |
|                              | epare   | r                             |  |               | self-employe    | xd                         |  |  |
|                              | se Onl  |                               | me ►   | Firm's        | EIN ►           |                            |  |  |
|                              |   | Firm's ac                     |  | Phone         | no              |                            |  |  |
| Ma                           | y the IF  | RS discuss                    | this return with the preparer shown above? (see instructions)                                      | <u></u>       | <u></u>         | Yes 🗌 No                   |  |  |

| Form 99 | 990 (2017)  | Page 2   |
|---------|---|--|
| Part    |   | and the part III   |
|         |   | any line in this Part III  |
| 1       |   | M TUROUGU RUU ANTRUORY   |
|         | INSPIRING PEOPLE TO SUPPORT BROOKINGS HEALTH SYSTE            |  |
|         | RECOGNIZING THE VITAL ROLE OF LOCAL HEALTHCARE IN SI          | JSTAINING QUALITY  |
|         | OF LIFE IN OUR COMMUNITY                                      |  |
| 2       | Did the organization undertake any significant program servi  | ces during the year which were not listed on the                   |
|         | prior Form 990 or 990-EZ?                                     |  |
|         | If "Yes," describe these new services on Schedule O.          |  |
| 3       | Did the organization cease conducting, or make significa      | nt changes in how it conducts, any program                         |
|         | services?   |  |
|         | If "Yes," describe these changes on Schedule O.               |  |
| 4       | Describe the organization's program service accomplishmen     | its 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 ser | vice reported.   |
|         | (O- d ) /[  | reto of C F02 025 \ (Poyony o C                                    |
| 4a      | a (Code: ) (Expenses \$ 607,042 including gr                  | ALTE SYSTEM IN SUPPORT OF ITS MISSION DURING 2017                  |
|         | THE ORGANIZATION DONATED \$559,343.75 TO BROOKINGS HE         |  |
|         | FUNDRAISERS WERE HELD AS FOLLOWS TO RAISE MONEY FO            | JR PROJECTS, EQUIPMENT, AND SERVICES AT BROOKINGS                  |
|         | HEALTH SYSTEM.  | ORT BROOKINGS HEALTH SYSTEM EMPLOYEE EMERGENCY FUND,               |
|         | EMPLOYEE FITNESS CENTER FUND AND THE FOUNDATION UN            |  |
|         | - HOSPICE FUND CONSISTS OF DONATIONS MADE SPECIFICIA          | -+   |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         | (O ) (F ) (F ) (O )   |  |
| 4b      | b (Code:) (Expenses \$ including gra                          | ants of \$) (Hevenue \$  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   | · (A)  |
| 4c      | c (Code:) (Expenses \$ including gr                           | ants of \$) (Revenue \$)   |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         | •   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         |   |  |
|         | ***************************************                       |  |
|         |   |  |
| 4d      | ,   | ) (Davierus &  |
|         | (Expenses \$ including grants of \$                           | ) (Revenue \$  |
| 4e      | e Total program service expenses ► 644,549                    |  |



ARDATO Page 3

| art  | Checklist of Required Schedules  |      |          |            |
|------|--|------|----------|------------|
|      | le the consciention described in   |      | 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    | 1        |            |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to   | 2    | 1        |            |
|      | candidates for public office? If "Yes," complete Schedule C, Part I  | 3    |          | 1          |
| 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    |          | 1          |
| 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    |          | 1          |
| 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    |          | 1          |
| 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    |          | 1          |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8    |          | 1          |
| 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    |          | 1          |
| 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   |          | 1          |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.   |      |          |            |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a  |          | <b>√</b>   |
| 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  |          | 1          |
| С    | 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  |          | 1          |
| 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  |          | 1          |
|      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 . | 11e  | <b>✓</b> | 1          |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a  |          | 1          |
| 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  | ✓        |            |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |          | <b>✓</b>   |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |          | <b>✓</b> _ |
| 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  |          | 1          |
| 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   |          | <b>√</b>   |
| 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   |          | <b>√</b>   |
| 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   |          | <b>✓</b>   |
| 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   | <b>√</b> |            |
| 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_  |          | <b>✓</b>   |
|      |  | Forn | 990      | (2017)     |

| Part     | Checklist of Required Schedules (continued)  |            | -   |               |
|----------|--|------------|-----|---------------|
| 20.0     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 000        | Yes | No            |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a<br>20b |     | <b>✓</b>      |
| 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         | 1   |               |
| _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         |     | 1             |
| 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         |     | <b>v</b>      |
| 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        |     | 1             |
| b<br>c   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |     |               |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d<br>25a |     | ✓             |
| 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        |     | <b>√</b>      |
| 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         |     | <b>√</b>      |
| 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         |     | <b>√</b>      |
| 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<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |     | <u>√</u>      |
| С        | 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        |     | <b>√</b>      |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                  | 29         |     | <b>√</b>      |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 30         |     | <u> </u>      |
| 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         |     | <u>√</u><br>√ |
| 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         |     | <u>▼</u>      |
| 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         |     | <u>▼</u>      |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | <u></u>       |
| 36       | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   | 35b        |     |               |
| 37       | related organization? If "Yes," complete Schedule R, Part V, line 2  | _36        |     | ✓_            |
| 31       | 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         |     | <b>✓</b>      |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38         | 1   |               |

Form 990 (2017)

| Part    | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |             |              |            |
|---------|--|-------------|--------------|------------|
|         | Official in deficial of contains a response of flote to any life in this Fart v  | <del></del> | Yes          | No         |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a  |             |              | -          |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 4           | ŀ            |            |
| c       | Did the organization comply with backup withholding rules for reportable payments to vendors and   | 1 1         |              |            |
|         | reportable gaming (gambling) winnings to prize winners?  | 1c          | }            | ,          |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |             |              |            |
|         | Statements, filed for the calendar year ending with or within the year covered by this return   2a   | a) '        |              |            |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b          |              |            |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |             |              |            |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a          |              | ✓_         |
| 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          |              | 1          |
| 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          |              | <b>\</b>   |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b          |              | <b>✓</b>   |
| 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          |              | <b>✓</b>   |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |             |              |            |
| -       | gifts were not tax deductible?   | 6b          |              |            |
| 7<br>a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | 1 1         |              |            |
| а       | and services provided to the payor?  | 7a          | 1            |            |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b          | <del>*</del> |            |
| C       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |             |              |            |
|         | required to file Form 8282?  | 7c          |              | 1          |
| ď       | If "Yes," indicate the number of Forms 8282 filed during the year  |             |              |            |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e          |              | ✓_         |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f          |              | ✓          |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g          |              | Ĺ <u> </u> |
| 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           |              |            |
| 9       | Sponsoring organizations maintaining donor advised funds.  | 0-          |              |            |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a<br>9b    |              |            |
| b<br>10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:  | 90          |              |            |
|         | Initiation fees and capital contributions included on Part VIII, line 12   |             | ļ            |            |
| a<br>b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b  | 1           |              |            |
| 11      | Section 501(c)(12) organizations. Enter:   | 1 1         |              |            |
| a       | Gross income from members or shareholders  |             |              |            |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   | 1 1         |              |            |
|         | against amounts due or received from them.)  |             |              |            |
| 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.   |             |              |            |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a         |              |            |
|         | Note. See the instructions for additional information the organization must report on Schedule O.  |             |              |            |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |             |              |            |
|         | the organization is licensed to issue qualified health plans   | , ,         |              |            |
| С       | Enter the amount of reserves on hand   |             |              |            |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a         |              | ✓          |
| b       | If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O   | 14b         |              |            |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in   | for a     |  |
|----------|---|----------|-----------|--|
| Sect     | ion A. Governing Body and Management  | <u> </u> |           |  |
| <b>.</b> |   |          | Yes       | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   | 7        |           |  |
|          | of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |          |           |  |
| þ        | Enter the number of voting members included in line 1a, above, who are independent .   1b   | 7        |           |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2        |           | 1  |
| 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        |           | 1  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |           | 1  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5        |           | <b>V</b>   |
| 6<br>7a  | Did the organization have members or stockholders?  | 6        | ├         | <b>✓</b>   |
| 14       | one or more members of the governing body?  | 7a       |           | 1  |
| 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       |           | /  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          |           |  |
| а        | The governing body?   | 8a       | 1         | ļ  |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b       | 1         |  |
| 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        |           |  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Rever   |          | ode.      | )  |
|          |   |          | Yes       | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?  | 10a      |           | <b>✓</b>   |
| 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      | 1         | <u> </u>   |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          | Ť.        |  |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | ✓         |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      | ✓         | <del>                                     </del> |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.   | 12c      | 1         |  |
| 13       | Did the organization have a written whistleblower policy?   | 13       |           | 1  |
| 14       | Did the organization have a written document retention and destruction policy?  | 14       |           | 1  |
| 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      | <u></u>   | <b>✓</b>   |
| b        | Other officers or key employees of the organization   | 15b      | <u>_</u>  | <u> </u>   |
| 16a      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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      |           |  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  | 134      |           | <del>                                     </del> |
|          | 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      | I         |  |
| Secti    | on C. Disclosure  |          |           |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶ NONE   |          |           |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.   | า 501(   | c)(3)s    | only)  |
| 40       | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  | ·        | - 'ا م ــ |  |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.  | erest    | DOLICY    | , and  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re   | cords    | <b>.</b>  |  |
|          | JASON MERKLEY - 300 22ND AVE, BROOKINGS, SD 57006 - (605) 696-8855  | Forr     | n 990     | (2017)   |

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

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

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

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

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

| ☑ Check this box if neither the organization no | r any relate                                      | d org  | aniz                  |            |                        | ompe                         | nsa        | ited any currer                      | t officer, directo    | r, or trustee.   |
|---|---|--|-----------------------|------------|------------------------|------------------------------|------------|--------------------------------------|-----------------------|--|
| (A)<br>Name and Title                           | (B)  Average hours per week (list any hours for   | (C) Position (do not check more box, unless person officer and a direct person of the control of |                       |            | more<br>rson<br>lirect | is both<br>or/trust          | an<br>(ee) | (D) Reportable compensation from the | related organizations | (F) Estimated amount of other compensation               |
|   | related<br>organizations<br>below dotted<br>line) |  | Institutional trustee | Officer    | Key employee           | Highest compensated employee | Former     | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC)       | from the<br>organization<br>and related<br>organizations |
| (1) DAVID KNEIP                                 | 0.50  | <b>✓</b>   |                       | 1          | <br> <br>              |                              |            | o                                    | 0                     | 0  |
| (2) JOANIE HOLM                                 | 0.50  |  |                       | -          |                        |                              |            |                                      |                       |  |
| VICE-CHAIR                                      |   | ✓  |                       | ✓          |                        |                              |            | 0                                    | o                     | 0  |
| (3) JIM WINTERBOER                              | 0.50  |  |                       |            |                        |                              |            |                                      |                       |  |
| SECRETARY/TREASURER                             |   | 1  |                       | 1          | L                      |                              | _          | 0                                    | 0                     | 0  |
| (4) ROBERTA OLSON                               | 0 50  |  |                       | ļ          |                        |                              |            |                                      |                       |  |
| MEMBER  |   | <b>\</b>   |                       | <u>_</u> _ | _                      |                              |            | 0                                    | 0                     | 0  |
| (5) BRUCE LUSHBOUGH                             | 0 50  |  |                       |            |                        |                              |            |                                      |                       |  |
| MEMBER  |   | ✓  |                       |            |                        |                              |            | 0                                    | _0                    | 0  |
| (6) TOM FISHBACK                                | 0 50  |  |                       | ١.         |                        |                              |            |                                      |                       |  |
| MEMBER  |   | <b>/</b>   |                       |            |                        |                              |            | 0                                    | _0                    | 0  |
| (7) JASON MERKLEY                               | 0 50  |  | }                     |            |                        |                              |            |                                      |                       |  |
| MEMBER  | <u> </u>  | ✓  |                       |            |                        |                              |            | 0                                    | 0                     | 0  |
| (8)   |   |  |                       |            |                        |                              |            |                                      |                       |  |
| (9)   |   |  |                       |            |                        |                              | -          |                                      |                       |  |
| (10)  |   |  |                       |            |                        |                              |            | -                                    |                       |  |
| (11)  |   | _  |                       |            |                        |                              |            |                                      |                       |  |
| (12)  |   |  |                       |            |                        |                              |            |                                      |                       |  |
| (13)  |   |  |                       |            |                        |                              |            |                                      |                       |  |
| (14)  |   |  | $\mid \cdot \mid$     |            |                        |                              |            |                                      |                       |  |

|              | (A)<br>Name and title  | (B) Average hours per week (list any                           | box,<br>office | unles<br>er and       | spe<br>dad   | ntion<br>more<br>rson<br>irect | than on the state of the state | h an<br>tee) | (D) Reportable compensation from         | (E) Reportable compensation from related |       |  |                |
|--------------|--|--|----------------|-----------------------|--------------|--------------------------------|---|--------------|--|--|-------|--|----------------|
|              |  | hours for<br>related<br>organizations<br>below dotted<br>line) |                | Institutional trustee | Officer      | Key employee                   | Highest compensated employee  | Former       | the<br>—organization—<br>(W-2/1099-MISC) | organizations<br>-(W-2/1099-MISC)-       |       | ompensat<br>from the<br>organization<br>and relate<br>organization | ;<br>on<br>::d |
| (15)         |  |  |                |                       |              |                                |   |              |  |  |       |  |                |
| (16)         |  |  |                | İ                     |              |                                |   |              |  |  |       |  |                |
| (17)         |  |  |                |                       |              |                                | _   |              |  |  |       |  |                |
| (18)         |  |  |                |                       |              |                                |   | -            | <u> </u>                                 |  |       | <del></del>  |                |
| (19)         |  |  |                |                       |              |                                |   |              |  |  |       |  |                |
| (20)         |  |  |                |                       |              |                                |   | -            |  | <u> </u>                                 |       |  |                |
| (21)         |  |  | i              |                       | l            |                                |   | -            |  |  |       |  |                |
|              |  |  |                |                       |              |                                |   |              |  |  |       | <del></del>  |                |
|              |  |  |                |                       |              | _                              |   | -            |  |  |       |  |                |
|              |  |  |                |                       |              |                                |   |              |  |  |       | <del></del>  |                |
| (25)         |  |  |                |                       | _            |                                |   |              |  |  |       |  |                |
| 1b<br>c<br>d | Sub-total  | VII, Section   |                |                       |              |                                |   | <b>A A</b>   | 0  | 0  |       |  | (              |
| 2            | Total number of individuals (including but reportable compensation from the organi             | not limited  | l to th        | ose                   | list         | ed a                           | above   | e) w         |  | ore than \$100,00                        | 00 of |  |                |
| 3            | Did the organization list any former of employee on line 1a? If "Yes," complete S              | ficer, direct  | tor, o         | r tru                 | uste<br>Indi | e, I                           | key e   | emp          | loyee, or high                           | est compensate                           |       | Yes  | No             |
| 4            | For any individual listed on line 1a, is the organization and related organizations individual |  |                |                       |              |                                |   |              |  |  | ch    | 4  | 1              |
| 5            | Did any person listed on line 1a receive of for services rendered to the organization?         |  |                |                       |              |                                |   |              |  | ation or individu                        | al 🗌  | 5  | 1              |
|              | on B. Independent Contractors  |  |                |                       |              |                                |   |              |  |  |       |  |                |
| 1            | Complete this table for your five highest of compensation from the organization. Repyear.      |  |                |                       |              |                                |   |              |  |  |       |  | ax             |
|              | (A)<br>Name and business add   | ress   |                |                       |              |                                |   |              | (B)<br>Description of se                 | ervices                                  |       | (C)<br>ensation  |                |
| NONE         |  |  |                |                       |              |                                |   |              |  |  |       |  |                |
|              |  |  |                |                       |              |                                |   |              |  |  |       |  |                |
| 2            | Total number of independent contracto  |  |                |                       |              |                                |   | th           | ose listed abo                           | ove) who                                 |       |  |                |
|              | received more than \$100,000 of compens  | ation from t   | he or          | gani                  | zatı         | on I                           | <u> </u>  |              |  |  |       | Form 990   | ) (201:        |

| g g g g g g g g g g g g g g g g g g g  | Part          | VIII | Check if Schedule O contains a response or note to                     | any line in this  | Part VIII |                                       |                                 |
|--|---------------|------|--|-------------------|-----------|---------------------------------------|---------------------------------|
| b Membership clues . 1b   20,428   1c   20,4 |               |      | onesk ii coneddie o contains a response of note to                     | (A) Total revenue | function  | D D D D D D D D D D D D D D D D D D D | under sections                  |
| Business Code    Business Code   | nts<br>nts    | 1a   | Federated campaigns 1a   |                   |           |                                       |                                 |
| Business Code    Business Code   | arar<br>our   | b    | ·  |                   |           |                                       |                                 |
| Business Code    Business Code   | ts, C<br>Am   | С    |  |                   |           |                                       | (                               |
| Business Code    Business Code   | Giffi<br>ilar | d    | * <del></del>  |                   |           |                                       |                                 |
| Business Code    Business Code   | ins,<br>Sim   |      |  |                   |           |                                       |                                 |
| Business Code    Business Code   | utio          | •    | and similar amounts not included above                                 |                   |           |                                       |                                 |
| Business Code    Business Code   | of the        |      | 255,105  |                   |           |                                       |                                 |
| Business Code    Business Code   | Con           |      |  | 315,597           |           |                                       |                                 |
| Solution    |               |      | Business Code  |                   |           |                                       |                                 |
| Solution    | ven           | 2a   |  |                   |           |                                       |                                 |
| Solution    | e Re          | b    |  |                   |           |                                       |                                 |
| Solution    | ric           |      |  |                   |           | ļ                                     |                                 |
| 3   Investment income (including dividends, interest, and other similar amounts)   472     4   Income from investment of tax-exempt bond proceeds   5   Royalties   6     5   Royalties   6   Royalties   6     6   Gross rents  | Se            |      |  |                   |           |                                       |                                 |
| 3   Investment income (including dividends, interest, and other similar amounts)   472     4   Income from investment of tax-exempt bond proceeds   5   Royalties   6     5   Royalties   6   Royalties   6     6   Gross rents  | jraπ          | e    | All other program senice revenue                                       |                   |           |                                       |                                 |
| Solution    | Proc          | ı 'a |  |                   |           |                                       | l                               |
| A Income from investment of tax-exempt bond proceeds   5 Royalties   |               |      | Investment income (including dividends, interest,                      |                   |           |                                       |                                 |
| 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  1  |               |      | and other similar amounts) ▶   | 472               |           |                                       | 472                             |
| Begin to the property of the   |               |      |  |                   |           |                                       |                                 |
| But the control of t  |               | 5    | Royalties  |                   |           | <del></del>                           |                                 |
| B Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  |               |      |  |                   |           |                                       |                                 |
| Net rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  d Net gain or (loss) .  Ease Part IV, line 18  |               |      | <del></del>  |                   |           |                                       |                                 |
| d Net rental income or (loss)  |               |      |  |                   |           |                                       |                                 |
| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses .  c Gain or (loss)   |               |      |  |                   |           |                                       |                                 |
| and sales expenses .  c Gain or (loss) .  d Net gain or (loss) .  b Net gain or (loss) .  least Gross income from fundraising events (not including \$ 20,428 of contributions reported on line 1c). See Part IV, line 18 a 4,788 b Less: direct expenses b 3,529 c Net income or (loss) from fundraising events .  least Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities .  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory .  Miscellaneous Revenue Business Code  11a   |               | 7a   | Gross amount from sales of (i) Securities (ii) Other                   |                   |           |                                       |                                 |
| d Net gain or (loss)   |               | b    | 1 1  |                   |           |                                       |                                 |
| 8a Gross income from fundraising events (not including \$ 20,428 of contributions reported on line 1c).  See Part IV, line 18 a 4,788  b Less: direct expenses b 3,529  c Net income or (loss) from fundraising events . ▶ 1,259  1. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 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  |               | С    | Gain or (loss)   |                   |           |                                       |                                 |
| of contributions reported on line 1c). See Part IV, line 18 a  |               | d    | Net gain or (loss)   |                   |           |                                       |                                 |
| c Net income or (loss) from fundraising events .    9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b c Net income or (loss) from gaming activities   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  |               | 8a   | events (not including \$ 20,428 of contributions reported on line 1c). |                   |           |                                       |                                 |
| c Net income or (loss) from fundraising events .    9a Gross income from gaming activities. See Part IV, line 19 a  b Less: direct expenses b c Net income or (loss) from gaming activities   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  | Ę             | ь    |  | j                 |           |                                       |                                 |
| See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ▶  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  | •             |      |  | 1,259             |           |                                       | 1,259                           |
| c Net income or (loss) from gaming activities ▶  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  |               | 9a   |  |                   |           |                                       |                                 |
| 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   |               | С    | Net income or (loss) from gaming activities ▶                          |                   |           |                                       |                                 |
| C Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a b  |               | 10a  |  |                   |           |                                       |                                 |
| Miscellaneous Revenue Business Code  11a b   |               | b    |  | İ                 |           |                                       |                                 |
| 11a b  |               | С    |  |                   |           |                                       |                                 |
| b  |               | 11a  |  |                   |           |                                       |                                 |
|  |               | 1    |  |                   |           |                                       |                                 |
| C  |               | С    |  |                   |           |                                       |                                 |
| d All other revenue  |               | d    | All other revenue  |                   |           |                                       |                                 |
| e Total. Add lines 11a–11d   |               |      | <b>-</b>   |                   |           |                                       |                                 |
|  |               | 12   | I otal revenue. See instructions                                       | 317,328           | 0         | 0                                     | 1,731<br>Form <b>990</b> (2017) |

Part IX Statement of Functional Expenses

| Section              | on 501(c)(3) and 501(c)(4) organizations must con   |                       |                                    |                                     |                                |
|----------------------|---|-----------------------|------------------------------------|-------------------------------------|--------------------------------|
|                      | Check if Schedule O contains a respon-  | se or note to any lin | e in this Part IX .                | . <u>.</u>                          |                                |
|                      | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
| 1                    | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 582 <del>,</del> 925  | 582;925                            |                                     |                                |
| 2                    | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                    |                                     |                                |
| 3                    | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                    |                                     |                                |
| 4<br>5               | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  |                       |                                    |                                     |                                |
| 6                    | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                    |                                     |                                |
| 7<br>8               | Other salaries and wages  | 57,392<br>1,248       |                                    | 28,696<br>624                       | - 28,696<br>624                |
| 9<br>10<br>11        | Other employee benefits   | 2<br>1,643            |                                    | 1<br>822                            | 1<br>821                       |
| a<br>b               | Management  | 10                    | 10                                 |                                     |                                |
| c<br>d               | Accounting  | 3,800                 | 3,800                              |                                     |                                |
| e<br>f<br>g          | Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   |                       |                                    |                                     |                                |
| 12<br>13<br>14<br>15 | Advertising and promotion   | 822<br>19,834         | 822<br>18,327                      | 754                                 | 753                            |
| 16<br>17<br>18       | Royalties   | 570                   | 570                                |                                     |                                |
| 19<br>20             | for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest   |                       |                                    |                                     |                                |
| 21<br>22<br>23       | Payments to affiliates  | 588                   | 588                                |                                     |                                |
| 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<br>b<br>c<br>d     |   |                       |                                    |                                     |                                |
| e<br>25<br>26        | All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the   | 668,834               | 607,042                            | 30,897                              | 30,895                         |
| 20                   | 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)                                 |                       |                                    |                                     |                                |

| 2.7                         | art X |   |                          |     |                    |
|-----------------------------|-------|---|--------------------------|-----|--------------------|
|                             |       | Check if Schedule O contains a response or note to any line in this Pa  |                          |     | 🗆                  |
|                             |       |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|                             | 1     | Cash—non-interest-bearing   | 856,346                  |     | 742,32             |
| 1                           | 2     | Savings and temporary cash investments  |                          | 2   |                    |
| ı                           | 3     | Pledges and grants receivable, net  | 1,620,177                | 3   | 1,375,61           |
|                             | 4     | Accounts receivable, net  |                          | 4   |                    |
|                             | 5     | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5   |                    |
| S                           | 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   |                    |
| Assets                      | 7     | Notes and loans receivable, net   | <del>-</del>             | 7   |                    |
| As                          | 8     | Inventories for sale or use   |                          | 8   | <del>-</del>       |
| ĺ                           | 9     | Prepaid expenses and deferred charges   |                          | 9   |                    |
|                             | -10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |                          |     |                    |
|                             | b     | Less; accumulated depreciation 10b  |                          | 10c |                    |
| 1                           | 11    | Investments—publicly traded securities  |                          | 11  |                    |
|                             | 12    | Investments—other securities. See Part IV, line 11  |                          | 12  |                    |
| İ                           | 13    | Investments—program-related. See Part IV, line 11   |                          | 13  |                    |
|                             | 14    | Intangible assets   |                          | 14  |                    |
| ľ                           | 15    | Other assets. See Part IV, line 11  |                          | 15  |                    |
| ļ                           | 16    | Total assets. Add lines 1 through 15 (must equal line 34)   | 2,476,523                | 16  | 2,117,937          |
| $\dashv$                    | 17    | Accounts payable and accrued expenses   | 8,074                    | 17  | 994                |
|                             | 18    | Grants payable  | 5,074                    | 18  |                    |
|                             | 19    | Deferred revenue  |                          | 19  | <del></del>        |
|                             | 20    | Tax-exempt bond liabilities   |                          | 20  | <del>,</del>       |
| ļ                           | 21    | Escrow or custodial account liability. Complete Part IV of Schedule D.  |                          | 21  |                    |
| S                           | 22    | Loans and other payables to current and former officers, directors,   |                          |     |                    |
| Liabilities                 |       | trustees, key employees, highest compensated employees, and   |                          | -   |                    |
| Pi                          |       | disqualified persons. Complete Part II of Schedule L  |                          | 22  |                    |
| Lia                         | 23    | Secured mortgages and notes payable to unrelated third parties  |                          | 23  |                    |
| - 1                         | 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   |                          | 25  |                    |
|                             | 26    | Total liabilities. Add lines 17 through 25  | 8,074                    | 26  | 994                |
| Ses                         |       | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.   |                          |     |                    |
| au                          | 27    | Unrestricted net assets   | 218,729                  | 27  | 267,80             |
| Bal                         | 28    | Temporarily restricted net assets   | 2,249,720                |     | 1,849,138          |
| Net Assets or Fund Balances | 29    | Permanently restricted net assets   |                          | 29  |                    |
| ts (                        | 30    | Capital stock or trust principal, or current funds  |                          | 30  |                    |
| se                          | 31    | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31  |                    |
| As                          | 32    | Retained earnings, endowment, accumulated income, or other funds .  |                          | 32  |                    |
| ē                           | 33    | Total net assets or fund balances   | 2,468,449                | 33  | 2,116,943          |
|                             | 34    | Total liabilities and net assets/fund balances  | 2,476,523                | 24  | 2,117,937          |

| Par  | t XI Reconciliation of Net Assets  |             |         |               |          |  |  |
|------|--|-------------|---------|---------------|----------|--|--|
|      | Check if Schedule O contains a response or note to any line in this Part XI  |             |         |               | . 🗆      |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1           |         |               | 17,328   |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           |         | 6             | 68,834   |  |  |
| 3    |  |             |         |               |          |  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4           |         | 2,4           | 68,449   |  |  |
| 5    | Net unrealized gains (losses) on investments   | _5_         |         |               |          |  |  |
| 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           |         |               |          |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |             |         |               |          |  |  |
|      | 33, column (B))  | 10          |         | 2,1           | 16,943   |  |  |
| Part | XII Financial Statements and Reporting   |             |         |               |          |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   | <u></u>     | <u></u> | $\overline{}$ | <u> </u> |  |  |
|      | A  |             |         | Yes           | No       |  |  |
| 1    | Accounting method used to prepare the Form 990: Cash Accrual Other   | <del></del> | -       |               |          |  |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," exp<br>Schedule O.  | olain ir    | ח ן     |               |          |  |  |
| 2a   | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |             |         |               |          |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were comp  |             |         |               |          |  |  |
|      | 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      | ✓             |          |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audite  | d on a      | a 📗     |               |          |  |  |
|      | separate basis, consolidated basis, or both:   |             |         |               |          |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |             |         |               |          |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov   |             |         |               |          |  |  |
|      | of the audit, review, or compilation of its financial statements and selection of an independent account   |             | 1 1     | <b>✓</b>      |          |  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, expected the control of the | olain ır    | וו      |               |          |  |  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set   | orth ir     | า       |               |          |  |  |
|      | the Single Audit Act and OMB Circular A-133?   |             | 3a      | [             | ✓        |  |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   |             |         |               |          |  |  |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au  | ıdits.      | 3b      |               |          |  |  |
|      |  |             | Form    | n 990         | (2017)   |  |  |

Form 990 (2017)

Page **12** 

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **BROOKINGS HEALTH SYSTEM FOUNDATION** 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and cross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331%% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti | on A. Public Support   |                        |                 |                 |                 |                 |                    |
|-------|--|------------------------|-----------------|-----------------|-----------------|-----------------|--------------------|
| Caler | ndar year (or fiscal year beginning in)                                    | (a) 2013               | <b>(b)</b> 2014 | (c) 2015        | (d) 2016        | (e) 2017        | (f) Total          |
| 1     | Gifts, grants, contributions, and  |                        |                 |                 |                 |                 |                    |
|       | <u>membership_fees_received(Do_not_</u>                                    |                        |                 |                 |                 |                 |                    |
|       | include any "unusual grants.")   | 731,648                | 136,350         | 4,308,506       | 490,747         | 315,597         | 5,982,848          |
| 2     | Tax revenues levied for the  |                        |                 |                 |                 |                 |                    |
|       | organization's benefit and either paid                                     |                        |                 |                 |                 | Ì               |                    |
|       | to or expended on its behalf   |                        |                 | <u> </u>        |                 |                 |                    |
| 3     | The value of services or facilities  |                        |                 |                 |                 | ļ į             |                    |
|       | furnished by a governmental unit to the                                    |                        |                 |                 |                 |                 |                    |
|       | organization without charge  |                        |                 |                 |                 |                 |                    |
| 4     | Total. Add lines 1 through 3   | 731,648                | 136,350         | 4,308,506       | 490,747         | 315,597         | 5,982,848          |
| 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                                       |                        | į               |                 |                 |                 |                    |
|       | shown on line 11, column (f)   |                        |                 |                 |                 |                 | 2,152,593          |
| 6     | Public support. Subtract line 5 from line 4                                |                        |                 |                 |                 |                 | 3,830,255          |
|       | on B. Total Support  | (-) 0040               | (1) 0044        | ( ) 0045        | / B 0040        | (-) 0047        | /6 T-1-1           |
| _     | dar year (or fiscal year beginning in)                                     | (a) 2013               | <b>(b)</b> 2014 | <b>(c)</b> 2015 | (d) 2016        | <b>(e)</b> 2017 | (f) Total          |
| 7     | Amounts from line 4  | 731,648                | 136,350         | 4,308,506       | 490,747         | 315,597         | 5,982,848          |
| 8     | Gross income from interest, dividends,                                     |                        |                 |                 |                 | Ì               |                    |
|       | payments received on securities loans,                                     |                        |                 | Ì               |                 |                 |                    |
|       | rents, royalties, and income from similar sources                          |                        |                 |                 |                 |                 |                    |
| 0     |  | 595                    | 265             | 324             | 1,020           | 472             | 2,676              |
| 9     | Net income from unrelated business activities, whether or not the business |                        |                 |                 |                 |                 |                    |
|       | is regularly carried on  |                        | ĺ               |                 |                 |                 |                    |
| 10    | Other income. Do not include gain or                                       |                        |                 |                 |                 |                 |                    |
| 10    | loss from the sale of capital assets                                       |                        |                 | İ               |                 |                 |                    |
|       | (Explain in Part VI.)  | ì                      |                 |                 | 262             | 1 250           | 1 501              |
| 11    | Total support. Add lines 7 through 10                                      |                        |                 |                 | 262             | 1,259           | 1,521<br>5,987,045 |
| 12    | Gross receipts from related activities, etc.                               | (see instruction       | ons)            |                 |                 | 12              | 3,367,043          |
| 13    | First five years. If the Form 990 is for the                               |                        | •               |                 | or fifth tax ve |                 | 501(c)(3)          |
| • •   | organization, check this box and stop her                                  | -                      |                 | <u> </u>        | •               |                 | ▶ □                |
| Secti | on C. Computation of Public Suppor   |                        |                 |                 |                 | ·               |                    |
| 14    | Public support percentage for 2017 (line 6                                 |                        |                 | 1. column (f))  |                 | 14              | 63.97 %            |
| 15    | Public support percentage from 2016 Sch                                    |                        |                 |                 |                 | 15              | 62 84 %            |
|       | 331/3% support test-2017. If the organi                                    |                        |                 |                 |                 |                 |                    |
|       | box and stop here. The organization qual                                   |                        |                 |                 |                 |                 |                    |
| b     | 331/3% support test-2016. If the organiz                                   | zation did not         | check a box or  | n line 13 or 16 | a, and line 15  | is 331/3% or mo |                    |
|       | this box and stop here. The organization                                   |                        |                 |                 |                 |                 |                    |
| 17a   | 10%-facts-and-circumstances test -20                                       | 017. If the orga       | nization did n  | ot check a box  | con line 13. 1  | 6a or 16b and   | Lline 14 is        |
| ,     | 10% or more, and if the organization me                                    |                        |                 |                 |                 |                 |                    |
|       | Part VI how the organization meets the "                                   |                        |                 |                 |                 |                 |                    |
|       | organization   |                        |                 |                 |                 |                 | ▶ □                |
| b     | 10%-facts-and-circumstances test—20  | <b>016.</b> If the ora | anization did n | ot check a box  | x on line 13. 1 | 6a, 16b, or 17a | a. and line        |
| _     | 15 is 10% or more, and if the organiza                                     |                        |                 |                 |                 |                 |                    |
|       | Explain in Part VI how the organization in                                 |                        |                 |                 |                 |                 |                    |
|       | supported organization   |                        |                 |                 |                 |                 |                    |
| 18    | Private foundation. If the organization did                                | d not check a l        | box on line 13, | 16a, 16b, 17a   | , or 17b, checl | k 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.)

| Secti       | on A. Public Support  |                  |                  |                   |                 |                   |                 |
|-------------|---|------------------|------------------|-------------------|-----------------|-------------------|-----------------|
| Calen       | dar year (or fiscal year beginning in)  | (a) 2013         | <b>(b)</b> 2014  | (c) 2015          | (d) 2016        | (e) 2017          | (f) Total       |
| 1           | Gifts, grants, contributions, and membership fees   |                  |                  |                   |                 |                   |                 |
|             | received. (Do not include any "unusual grants.")  |                  |                  | 1                 |                 | //                | ,               |
| 2           | Gross receipts from admissions, merchandise   |                  |                  |                   |                 |                   |                 |
|             | sold or services performed, or facilities   |                  |                  |                   |                 | /                 |                 |
|             | furnished in any activity that is related to the<br>organization's tax-exempt purpose     | ŀ                | Į                | 1                 | }               | /                 |                 |
| 3           | Gross receipts from activities that are not an  |                  |                  | <del></del>       | <del> </del>    | /                 |                 |
| •           | unrelated trade or business under section 513   |                  | 1                | 1                 | ì               |                   |                 |
| 4           | Tax revenues levied for the   | <del></del>      | <u> </u>         |                   | <del></del>     | <del></del>       |                 |
| -           | organization's benefit and either paid to   |                  |                  | l                 |                 |                   |                 |
|             | or expended on its behalf   |                  |                  |                   | 1               | ľ                 |                 |
| _           | The value of services or facilities   |                  |                  |                   |                 |                   |                 |
| 5           | furnished by a governmental unit to the   |                  |                  |                   |                 |                   |                 |
|             | organization without charge   |                  |                  | İ                 |                 |                   |                 |
| _           |   | <del></del>      | <del></del>      | <del></del>       | <del></del>     |                   | <del></del>     |
| 6           | Total. Add lines 1 through 5  |                  |                  | <del> </del>      | <b>-</b>        | ····              |                 |
| 7a          | Amounts included on lines 1, 2, and 3 received from disqualified persons .                |                  |                  |                   |                 |                   |                 |
|             | , , , ,   |                  |                  | ļ                 | /               |                   |                 |
| 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    |                  |                  |                   | J               |                   |                 |
|             | - 1   |                  |                  |                   |                 |                   |                 |
|             | Add lines 7a and 7b   | -                |                  |                   |                 |                   |                 |
| 8           | Public support. (Subtract line 7c from  |                  |                  |                   |                 | -                 |                 |
| <del></del> | line 6.)  | <u> </u>         |                  | !                 | L               |                   |                 |
|             | on B. Total Support   | (-) 0010         | <b>6-1-0014</b>  | /-\ 0015          | (4) 0010        | (-) 0047          | (6) Takal       |
|             | dar year (or fiscal year beginning in)  | (a) 2013         | <b>(b)</b> 2014  | (c) 2015          | (d) 2016        | <b>(e)</b> 2017   | (f) Total       |
| 9           | Amounts from line 6   | <del> </del>     |                  |                   |                 |                   |                 |
| 10a         | Gross income from interest, dividends,  |                  | 1                | 1/                |                 |                   |                 |
|             | payments received on securities loans, rents, royalties, and income from similar sources. |                  | //               | 17                |                 |                   |                 |
| _           | •   |                  |                  |                   |                 | <u> </u>          |                 |
| b           | Unrelated business taxable income (less   |                  | //               |                   |                 |                   |                 |
|             | section 511 taxes) from businesses  |                  | 1/               |                   |                 |                   |                 |
|             | acquired after June 30, 1975  | ļ                |                  |                   |                 |                   |                 |
|             | 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  |                  | i                | ĺ                 |                 |                   |                 |
|             | loss from the sale of capital assets  | /                |                  |                   |                 |                   |                 |
|             | (Explain in Part VI.)   |                  |                  |                   |                 |                   |                 |
| 13          | Total support. (Add lines 9, 10c, 11,   | , , , )          |                  |                   |                 |                   |                 |
|             | and 12.)  |                  | - <u>-</u>       |                   |                 |                   |                 |
| 14          | First five years. If the Form 990 is for the  |                  |                  |                   | •               |                   |                 |
|             | organization, check this box and stop her   |                  |                  | <u></u>           | · · · ·         | · · · · ·         | <u> ▶ []</u>    |
|             | on C. Computation of Public Suppor  |                  |                  |                   |                 | <del></del>       |                 |
| 15          | Public support percentage for 2017 (line 8  |                  |                  |                   |                 | 15                | %               |
| 16          | Public support percentage from 2016 Sch   |                  |                  | <u></u>           | <u></u>         | 16                | %               |
|             | on D. Computation of Investment Inc   |                  |                  |                   | (0)             | <del></del>       |                 |
| 17          | Investment income percentage for 2017 (I  |                  |                  |                   |                 | 17                | %               |
| 18          | Investment income percentage from 2016  | Schedule A, F    | art III, line 17 |                   |                 | 18                | %               |
| 19a         | 331/3% support tests-2017. If the organi  | zation did not   | check the box    | on line 14, ar    | nd line 15 is m | ore than 331/39   | %, and line     |
|             | 17 is not more than 331/3%, check this box  |                  |                  |                   |                 |                   |                 |
| b           | 331/3% support tests-2016. If the organiz   | ation did not cl | heck a box on    | line 14 or line 1 | 9a, and line 16 | is more than 3    | 31/3%, and      |
|             | line 18 is not more than 331/3%, check this b   |                  |                  |                   |                 |                   |                 |
| 20          | Private foundation. If the organization did   | d not check a    | box on line 14   | , 19a, or 19b, c  | heck this box   | and see instru    | ctions 🕨 🗌      |
|             |   |                  |                  |                   | Sch             | edule A (Form 996 | or 990-EZ) 2017 |

## Part IV Supporting Organizations

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

| Secti | on A. All Supporting Organizations  |     | <del></del> |    |
|-------|---|-----|-------------|----|
|       |   |     | Yes         | No |
| 1     | _Are_all_of_the_organization's_supported_organizations_listed_by_name_in_the_organization's_governing—documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |             |    |
| С     | 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 <b>Part VI</b> , 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     | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |             |    |
| С     | 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 <b>Part VI</b> .   | 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   | ,-          | z  |
| 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 <b>Part VI</b> .   | 9b  | -           |    |
| С     | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c  |             | _  |
| 10a   | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.  | 10a |             |    |
| b     | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b |             |    |

|        | Composition Outside (continue)  |         |         |         |
|--------|---|---------|---------|---------|
| Part   | Supporting Organizations (continued)  |         | Yes     | No      |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |         | 162     | 140     |
|        | 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     |         |         |
|        | 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     |         |         |
| Secti  | on B. Type I Supporting Organizations   |         |         |         |
| ā      | Pital Park Annual |         | 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  |         |         | ļ       |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or  | }       | j       | ]       |
|        | controlled the organization's activities. If the organization had more than one supported organization,   |         |         | İ       |
|        | 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       |
|        | 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 <b>Part VI</b> how providing such benefit carned out the purposes of the supported organization(s) that operated,  |         |         |         |
|        | supervised, or controlled the supporting organization.  |         |         |         |
| Sacti  | on C. Type II Supporting Organizations  | 2       |         | L       |
| 36011  | on o. Type if oupporting organizations  |         | Yes     | No      |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |         |         | 115     |
|        | 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       | L       | L       |
| Secti  | on D. All Type III Supporting Organizations   |         | Vaa     | Ma      |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  | г       | Yes     | NO      |
| •      | 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 <b>Part VI</b> the role the organization's   |         |         |         |
|        | supported organizations played in this regard.  | 3       | ' I     |         |
| Secti  | on 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 i  | nstru   | ctions  | <br>s). |
| 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 ins | structi | ions).  |
| 2      | Activities Test. Answer (a) and (b) below.  | Γ       | Yes     | No      |
| 2      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |         | .03     | 140     |
| а      | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>   |         | }       |         |
|        | 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   |         | 1       |         |
|        | 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these  | ]       |         |         |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | 2b      | ĺ       |         |
| •      | Parent of Supported Organizations. Answer (a) and (b) below.  |         |         |         |
| 3<br>a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |         | ļ       |         |
| u      | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>   | 3a      | l       |         |
| 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 <b>Part VI</b> the role played by the organization in this regard.  | 3b      | }       |         |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical        | gan      | izations                   |                                |
|---|----------|----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | a tru    | st on Nov. 20, 1970 (exp   | lain ın Part VI). See          |
| instructions. All other Type III non-functionally integrated supporting organ     |          |                            |                                |
| 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<br>(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):                 | <u> </u> |                            | <u> </u>                       |
| 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 ın detail ın <b>Part VI</b> ):                                   |          |                            |                                |
| 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-functional  | y int    | tegrated Type III supporti | ng organization (see           |
| instructions).  |          |                            |                                |

| Part   |   | 3) Supporting Organi        | zations (continued)                    | _   |
|--|---|-----------------------------|--|---|
| Secti  | on D - Distributions  |                             |  | Current Year                              |
| 1  | Amounts paid to supported organizations to accomplish   | exempt purposes             |  |   |
| 2  | Amounts paid to perform activity that directly furthers exe   | orted                       |  |   |
|  | organizations, in excess of income from activity  |                             |  |   |
| 3  | Administrative expenses paid to accomplish exempt purp  | ooses of supported orga     | nizations                              |   |
| 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 whic (provide details in <b>Part VI</b> ). See instructions.  | h the organization is res   | sponsive                               |   |
| 9  | Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| 10   | Line 8 amount divided by line 9 amount  |                             |  |   |
| Se   | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>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 <b>Part VI</b> ). See instructions.   |                             |  |   |
| 3  | Excess distributions carryover, if any, to 2017   |                             |  |   |
| а  |   |                             |  |   |
| b  | From 2013   |                             |  |   |
| С  | From 2014   |                             |  |   |
| d  | From 2015   |                             |  | <u></u>                                   |
| е  | From 2016   |                             |  |   |
| f  | Total of lines 3a through e   |                             |  | ·   |
| g  | Applied to underdistributions of prior years  |                             |  |   |
| h  | Applied to 2017 distributable amount  |                             |  |   |
| <u>    i                                </u> | Carryover from 2012 not applied (see instructions)  |                             |  |   |
| <u>i</u> _                                   | 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  |                             |  |   |
| <u>b</u> _                                   | Applied to 2017 distributable amount  |                             |  |   |
| <u>C</u>                                     | 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. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| 6  | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                         |                             |  |   |
| 7  | Excess distributions carryover to 2018. Add lines 3j and 4c.  |                             |  |   |
| 8  | Breakdown of line 7:  |                             |  | <del></del>                               |
| а  | Excess from 2013  |                             |  |   |
| b  | Excess from 2014  |                             |  |   |
|  | Excess from 2015  |                             |  |   |
| d  | Excess from 2016  |                             | <del></del>                            |   |
|  | Excess from 2017  | ·                           | . —                                    |   |

| Page | 8 |
|------|---|
|      |   |

| 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, 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 lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|--|
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         | ······································   |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         | ······································   |
|         |  |
|         | ······································   |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         |  |
|         | <del></del>  |
|         |  |

## 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

| Name o | f the organization  |   | Employer identification number            |
|--------|---|---|---|
| BROO   | KINGS HEALTH SYSTEM FOUNDATION  |   | 27-1785343                                |
| Par    |   | rised Funds or Other Similar Fun  |   |
|        | 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 funds are the organization's property, subject to the  |   |   |
| 6      | Did the organization inform all grantees, donors, a only for charitable purposes and not for the benefit conferring impermissible private benefit?  | nd donor advisors in writing that grar<br>fit of the donor or donor advisor, or formally the contraction of the | or any other purpose                      |
| Par    |   |   |   |
|        | Complete if the organization answered "   | 'Yes" on Form 990, Part IV, line 7.   |   |
| 1      | Purpose(s) of conservation easements held by the  |   |   |
|        | Preservation of land for public use (e.g., recreat  |   | f a historically important land area      |
|        | ☐ Protection of natural habitat   | ☐ Preservation of   | f a certified historic structure          |
|        | ☐ Preservation of open space  |   |   |
| 2      | Complete lines 2a through 2d if the organization he   | eld a qualified conservation contribution   | on in the form of a conservation          |
|        | easement on the last day of the tax year.   |   | Held at the End of the Tax Yea            |
| а      |   |   | 2a  |
| b      | Total acreage restricted by conservation easement   | s   | 2b  |
| C      | Number of conservation easements on a certified h   |   |   |
| d      | Number of conservation easements included in historic structure listed in the National Register .   | (c) acquired after 7/25/06, and not   | 1 1                                       |
| 3      | Number of conservation easements modified, transtax year ►  | sferred, released, extinguished, or terr  | ninated by the organization during the    |
| 4      | Number of states where property subject to conser   | vation easement is located ►  |   |
| 5      | Does the organization have a written policy requipolations, and enforcement of the conservation early   | garding the periodic monitoring, inssements it holds?   | pection, handling of                      |
| 6      | Staff and volunteer hours devoted to monitoring, inspect  | ing, handling of violations, and enforcing o  | conservation easements during the year    |
| 7      | Amount of expenses incurred in monitoring, inspectin  | g, handling of violations, and enforcing  | conservation easements during the year    |
| 8      | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?  | 2(d) above satisfy the requirements of  | section 170(h)(4)(B)(i)                   |
| 9      | In Part XIII, describe how the organization reports of<br>balance sheet, and include, if applicable, the text of<br>organization's accounting for conservation easeme   | f the footnote to the organization's fin  |   |
| Part   | Organizations Maintaining Collections Complete if the organization answered "   |   | Other Similar Assets.                     |
| 1a     | If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form  | assets held for public exhibition, ed   | lucation, or research in furtherance o    |
| b      | If the organization elected, as permitted under Si works of art, historical treasures, or other similar public service, provide the following amounts relati  | FAS 116 (ASC 958), to report in its a assets held for public exhibition, ed   | revenue statement and balance shee        |
| 2      | (i) Revenue included on Form 990, Part VIII, line 1<br>(ii) Assets included in Form 990, Part X If the organization received or held works of art,  | historical treasures, or other similar  | ▶ \$assets for financial gain, provide th |
|        | following amounts required to be reported under Signature and Signature |   |   |

| Sched    | lule D (Form 990) 2017   |                     |                      |  |                      | Page                |
|----------|--|---------------------|----------------------|--|----------------------|---------------------|
|          | rt III Organizations Maintaining   | Collections of      | Art Historical       | Treasures or C                                   | ther Similar Ass     |                     |
| 3        | Using the organization's acquisition, collection items (check all that apply): | accession, and of   |                      |  |                      |                     |
| а        |  | •                   | d □ loa              | n or exchange pro                                | arams                |                     |
| b        |  |                     |                      |  |                      |                     |
| C        |  | c                   | e 📋 Our              |  |                      |                     |
| 4        | Provide a description of the organiza  |                     | and explain how      | they further the o                               | roanization's-exem   | nt-numose-in-Pa     |
| ·····    | XIII.  |                     | 2.10.00 pian 1-110 n | - a 10 y - 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 | rgariizadori o oxori | .pt pa.p000 1171 a  |
| 5        | During the year, did the organization assets to be sold to raise funds rather  |                     |                      |  |                      |                     |
| Pai      | rt IV Escrow and Custodial Arra  |                     |                      |  |                      |                     |
|          | Complete if the organization 990, Part X, line 21.                             |                     | " on Form 990,       | Part IV, line 9, o                               | r reported an am     | ount on Form        |
| 1a       |  |                     |                      |  |                      | t                   |
|          | included on Form 990, Part X?  |                     |                      |  |                      | ☐ Yes ☐ No          |
| b        | If "Yes," explain the arrangement in P   | art XIII and comple | ete the following    | table:   |                      |                     |
|          |  |                     |                      |  | An                   | nount               |
| С        | Beginning balance  |                     |                      | 1  | С                    |                     |
| d        | Additions during the year  |                     |                      | 1  | d                    |                     |
| е        | - · · · · · · · · · · · · · · · · · · ·  |                     |                      |  | е                    |                     |
| f        | Ending balance   |                     |                      |  | lf                   |                     |
| 2a       | <b>3</b>   |                     |                      |  |                      |                     |
|          | If "Yes," explain the arrangement in P   | art XIII. Check her | e if the explanate   | on has been provid                               | ded on Part XIII .   | <u> </u>            |
| Pa       | rt V Endowment Funds.  |                     |                      |  |                      |                     |
|          | Complete if the organization   |                     |                      |  |                      |                     |
|          |  | (a) Current year    | (b) Prior year       | (c) Two years back                               | (d) Three years back | (e) Four years back |
| 1a       |  |                     |                      | <u> </u>   | <u> </u>             |                     |
| b        |  |                     |                      | <u> </u>   | <del> </del>         |                     |
| С        | Net investment earnings, gains, and losses                                     |                     |                      |  | 1                    |                     |
|          |  |                     |                      | <del> </del>                                     |                      | -                   |
| d        |  |                     |                      | <u> </u>   | <del> </del>         |                     |
| е        | Other expenditures for facilities and programs                                 |                     |                      |  | }                    |                     |
|          |  |                     |                      | <del> </del>                                     | <del> </del>         | <del></del>         |
| f        | Administrative expenses  |                     | <del></del>          | <del> </del>                                     | <del> </del>         |                     |
| g        | End of year balance  | the ourrent weer on | d belonge (line 1    | a saluma (a)) bald                               | <u> </u>             | L                   |
| 2        |  |                     | u balance (ime i     | g, column (a)) nelo                              | as.                  |                     |
| a        | Board designated or quasi-endowment Permanent endowment ▶                      | %                   | 70                   |  |                      |                     |
| b<br>c   |  | <sup>70</sup>       |                      |  |                      |                     |
| C        | The percentages on lines 2a, 2b, and   |                     | 2004                 |  |                      |                     |
| 32       | Are there endowment funds not in the   |                     |                      | nat are hold and a                               | dministered for the  | •                   |
| oa       | organization by:   | c possession or th  | e organization ti    | ial are neid and a                               |                      |                     |
|          | (i) unrelated organizations  |                     |                      |  |                      | Yes No              |
|          | •  |                     |                      |  |                      | 3a(i)               |
| L        | (ii) related organizations   |                     |                      |  |                      | 3a(ii)              |
| b<br>4   | Describe in Part XIII the intended uses  |                     |                      |  |                      | 3b                  |
| 44       |  |                     |                      | A CALL (CALA).                                   |                      |                     |
| 4<br>Par |  |                     |                      |  |                      |                     |
|          | t VI Land, Buildings, and Equip Complete if the organization                   | ment.               |                      |  | See Form 990         | Part X line 10      |

|   |   |                                    |                              | -,             |
|---|---|------------------------------------|------------------------------|----------------|
| Description of property                         | (a) Cost or other basis<br>(investment) | (b) Cost or other basis<br>(other) | (c) Accumulated depreciation | (d) Book value |
| 1a Land   |   |                                    |                              |                |
| b Buildings                                     |   |                                    |                              |                |
| c Leasehold improvements                        |   |                                    |                              |                |
| d Equipment                                     |   |                                    |                              |                |
| _ e Other <u></u>                               |   |                                    |                              |                |
| otal. Add lines 1a through 1e. (Column (d) must | equal Form 990, Part                    | X. column (B), line 10d            | c.)                          |                |

| Part VII       | Investments - Other Securities   | • •                      | 000 D 1 114 11              | 441 0 5                               | , ago                                    |
|----------------|--|--------------------------|-----------------------------|---------------------------------------|--|
|                | Complete if the organization ans                                       |                          |                             |                                       |  |
|                | (a) Description of security or categor<br>(including name of security) | y<br>                    | (b) Book value              |                                       | nod of valuation<br>of-year market value |
| (1) Financia   |  |                          |                             |                                       |  |
| (2) Closely-l  | held equity interests  |                          |                             |                                       |  |
| (3) Other      |  |                          |                             |                                       |  |
| (A)            | ~  |                          |                             |                                       |  |
| (B)            | ~  |                          | ļ                           |                                       |  |
| (C)            | ***************************************                                |                          |                             |                                       |  |
| (D)            |  |                          |                             |                                       |  |
| (E)            |  |                          | <u> </u>                    |                                       |  |
| (F)            |  |                          | ļ                           |                                       |  |
| (G)            |  |                          |                             | <del></del>                           |  |
| (H)            |  |                          | <u> </u>                    | <del></del>                           |  |
|                | (b) must equal Form 990, Part X, col (B) line 12.)                     |                          | <u> </u>                    |                                       |  |
| Part VIII      | Investments – Program Relate   |                          |                             |                                       |  |
|                | Complete if the organization ans                                       | wered "Yes" on Fo        |                             |                                       |  |
|                | (a) Description of investment  |                          | (b) Book value              |                                       | nod of valuation<br>of-year market value |
| (1)            |  |                          |                             |                                       |  |
| (2)            |  |                          |                             |                                       |  |
| (3)            |  |                          |                             |                                       |  |
| _(4)           |  |                          |                             |                                       |  |
| (5)            |  |                          |                             |                                       | <del></del>                              |
| (6)            |  |                          | <u> </u>                    |                                       | _ <del></del>                            |
| _(7)           |  |                          |                             |                                       |  |
| _(8)           |  | . <del></del>            |                             |                                       | <del></del>                              |
| (9)            | 200 D 14 101 401 b   |                          | ļ                           |                                       |  |
|                | (b) must equal Form 990, Part X, col (B) line 13)                      |                          | L                           |                                       |  |
| Part IX        | Other Assets.  |                          | one OOO Dank IV line        | 144 Caa Fawaa                         | 000 Dad V Iva 45                         |
|                | Complete if the organization ans                                       | a) Description           | ini 990, Part IV, ilile     | 11d. See Form                         | (b) Book value                           |
|                |  | a) bescription           |                             |                                       | (b) book value                           |
| (1)            |  |                          |                             |                                       |  |
| (2)            |  |                          |                             |                                       |  |
| (3)            |  |                          |                             | <del></del>                           |  |
| (4)            |  |                          |                             |                                       |  |
| <u>(5)</u>     |  |                          |                             |                                       |  |
| (6)            |  |                          | <del></del>                 |                                       |  |
| _(7)           |  |                          |                             |                                       |  |
| (8)            |  |                          |                             |                                       |  |
| (9)            | ımn (b) must equal Form 990, Part X, c                                 | ol. (B) line 15.)        | <del></del>                 |                                       |  |
| Part X         | Other Liabilities.   | <u> </u>                 | <del></del>                 | · · · · · · · · · · · · · · · · · · · |  |
| raitA          | Complete if the organization ans                                       | wered "Ves" on Fo        | rm 990 Part IV line         | 11e or 11f See                        | Form 990 Part X                          |
|                | line 25.   | Wered res erries         | in ood, rantit, imo         | 770 07 771. 000                       | 7 01111 000, 1 411 71,                   |
| 1.             | (a) Description of liability   | (b) Book value           | <del> </del>                | <del></del> -                         |  |
| (1) Federal ır |  | (4,                      |                             |                                       |  |
| (2)            |  | <del> </del>             |                             |                                       |  |
| (3)            |  | <del> </del>             |                             |                                       |  |
| (4)            |  |                          |                             |                                       |  |
| (5)            |  | <del> </del>             |                             |                                       |  |
| (6)            |  |                          |                             |                                       |  |
| (7)            |  | <del> </del>             |                             |                                       |  |
| (8)            |  | <del> </del>             |                             |                                       |  |
| (9)            |  | <del> </del>             |                             |                                       |  |
|                | b) must equal Form 990, Part X, col. (B) line 25.)                     |                          | <del> </del>                |                                       |  |
|                | r uncertain tax positions. In Part XIII, prov                          | de the text of the footn | ote to the organization's   | s financial statemen                  | its that reports the                     |
| organization's | s liability for uncertain tax positions under                          | FIN 48 (ASC 740). Che    | eck here if the text of the | footnote has been                     | provided in Part XIII                    |
|                | ,  | <u> </u>                 |                             |                                       |  |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. |   |               |                        |             |                       |
|---|---|---------------|------------------------|-------------|-----------------------|
|   | Complete if the organization answered "Yes" on Form 990,  |               |                        | <del></del> |                       |
| 1   | Total revenue, gains, and other support per audited financial statements  |               |                        | 1           |                       |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |               |                        |             |                       |
| а   | Net unrealized gains (losses) on investments  | 2a            |                        |             |                       |
| b   | Donated services and use of facilities  | 2b            |                        |             |                       |
| С   | Recoveries of prior year grants   |               |                        |             |                       |
| d   | Other (Describe in Part XIII.)  | 2d            |                        |             |                       |
| е   | Add lines 2a through 2d   |               |                        | 2e          |                       |
| 3   | Subtract line 2e from line 1  |               |                        | 3           |                       |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |               |                        |             |                       |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a            |                        |             |                       |
| b   | Other (Describe in Part XIII.)  | 4b            |                        | }           |                       |
| С   | Add lines <b>4a</b> and <b>4b</b>   |               |                        | 4c          |                       |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  | 12.)          |                        | 5           |                       |
| Part  |   |               |                        |             | urn.                  |
|   | Complete if the organization answered "Yes" on Form 990,  |               |                        |             |                       |
| 1   |   |               |                        | 1           |                       |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | •             |                        |             |                       |
| -<br>а  | Donated services and use of facilities  | 2a            |                        |             |                       |
| b   | Prior year adjustments  | 2b            | <del></del>            |             |                       |
| C   | Other losses  | 2c            |                        |             |                       |
| d   | Other (Describe in Part XIII.)  | -             |                        |             |                       |
| e   | Add lines 2a through 2d   |               |                        | 2e          |                       |
| 3   | Subtract line 2e from line 1  |               |                        | 3           |                       |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:  | · ·           |                        | 3           | <del></del>           |
|   |   | 40            |                        |             |                       |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)   | 4a<br>4b      |                        |             |                       |
| b   | · · ·   |               |                        | 4-          |                       |
| с<br>5  | Add lines 4a and 4b   | 0 18 1        |                        | 4c          |                       |
|   | Supplemental Information.   | <i>c 10.)</i> | · · · · · · ·          | 3           |                       |
|   | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and  | d A. Da       | art IV lines 1h and 2h | · Part \    | / line 1: Part Y line |
|   | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part   |               |                        |             |                       |
| _,  | т, постана на постана | 10            |                        |             |                       |
|   |   |               |                        |             |                       |
| DADT  | / Lung o  |               |                        |             |                       |
| PARI  | C, LINE 2   |               |                        |             |                       |
| THE CO  | NINDATION IS EVENDT FROM INCOME TAVES UNDER SECTION 504/0\/2\ OF  | - T. (F. )    | NTERNAL REVENUE O      | 005         | THE FOURIDATION       |
| THE PC  | PUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF  | IHE           | NIERNAL REVENUE C      | ODE.        | THE FOUNDATION        |
| 1C 4 N A  | UALLY OF OURDED TO BUT A DETUDU OF ODC AND ATTOM EVENDT SDOM IN   |               | TAV (500M 000) MITH    | ·           | 00 745                |
| IS ANN  | UALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM IN  | COME          | TAX (FORM 990) WITH    | I IHE I     | RS THE                |
| FOUNE   | ATION BELIEVES THEY HAVE ARRESTED SPIATE SURPORT FOR ANY TAY BOOK   |               | TAUCH ACCCOTING T      |             | ******                |
| FOUNL   | ATION BELIEVES THEY HAVE APPROPRIATE SUPPORT FOR ANY TAX POSI   | HONS          | TAKEN AFFECTING II     | HEIR A      | NNUAL FILING          |
|   |   |               |                        |             |                       |
| REQUI   | REMENTS, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS 1   | HAT A         | RE MATERIAL TO THE     | FINAN       | ICIAL STATEMENTS.     |
|   |   |               |                        |             |                       |
| THE FO  | UNDATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENAL  | TIES R        | ELATED TO UNRECO       | NIZED       | TAX BENEFITS          |
|   |   |               |                        |             |                       |
| AND LI  | ABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES AF   | RE INCL       | JRRED                  |             |                       |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |
|   | •   |               |                        |             | *                     |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |
|   |   |               |                        |             |                       |

| Schedule D (Fo | orm 990) 2017                        | Page <b>5</b> |
|----------------|--------------------------------------|---------------|
| Part XIII      | Supplemental Information (continued) |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
| ·              |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |
|                |                                      |               |

## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

20 17

Open to Public Inspection

| lame of the organization Employer identification number |   |                   |  |  |  |   |   |
|---|---|-------------------|--|--|--|---|---|
|   | KINGS HEALTH SYSTEM FOUNDAT   |                   |  |  |  |   | 1785343   |
| Par   |   |                   |  |  | vered "Yes" on F                                 | orm 990, Part IV,   | line 17.  |
|   | Form 990-EZ filers are n  |                   |  |  | nuina activitica. Cl                             | and all that analy  |   |
| 1   | Indicate whether the organizatio  Mail solicitations  | n raised tunos    |  |  |  |   |   |
| a<br>h  | a ☐ Mail solicitations e ☐ Solicitation of non-government grants b ☐ Internet and email solicitations f ☐ Solicitation of government grants |                   |  |  |  |   |   |
| C   | Phone solicitations   | 15                | g [  |  | fundraising events                               | grants  |   |
| ď   | ☐ In-person solicitations   |                   | ອ ∟  | _ орсоки і                                       | analasing evente                                 |   |   |
| 2a  | · · · · · · · · · · · · · · · · · · ·   |                   |  |  |  |   |   |
|   | or key employees listed in Form   | 990, Part VII) o  | r entity in o                                    | onnection v                                      | with professional fo                             | undraising services   | ?   |
| b   | If "Yes," list the 10 highest paid compensated at least \$5,000 by  |                   |  | draisers) pu                                     | ursuant to agreeme                               | ents under which th   | ne fundraiser is to be                                  |
|   |   |                   |  |  |  |   |   |
|   | (i) Name and address of individual or entity (fundraiser)   | (ii) Activity     | custody o  | idraiser have<br>or control of<br>outlons?       | (iv) Gross receipts from activity                | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |   |                   | Yes  | No   | <del>                                     </del> | <u>'</u>  | <del> </del>  |
| 1   |   |                   |  | <del>                                     </del> | 1  |   |   |
|   |   |                   |  | 1  | )  |   |   |
| 2   |   |                   |  |  |  |   |   |
| 3   |   |                   | <del> </del>                                     |  | <b> </b>   | <del></del>   | <del> </del>  |
| 3   |   |                   |  |  |  |   |   |
| 4   |   |                   |  |  |  |   |   |
| 5   |   |                   |  |  | <del> </del>                                     |   |   |
|   |   |                   |  |  |  |   |   |
| 6   |   |                   |  |  |  |   |   |
| 7   |   |                   | 1  |  |  |   |   |
| 8   |   |                   | <del> </del>                                     | <del> </del>                                     |  |   |   |
|   |   |                   |  |  |  |   |   |
| 9   |   |                   |  |  |  |   |   |
| 10  |   |                   | <del>                                     </del> |  |  |   |   |
|   |   |                   | .l   | <u> </u>   |  |   |   |
| otal  |   |                   |  | •  |  |   |   |
| 3   | List all states in which the organ registration or licensing.   | nization is regis | tered or lic                                     | ensed to s                                       | olicit contributions                             | or has been notifie   | ed it is exempt from                                    |
|   | g.J. allo, i or moorlonig.  |                   |  |  |  |   |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   |  |  | ,  |   |   |
|   |   |                   |  |  |  | ~~~~~~  |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   | ·  |  |  |   |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   |  |  |  |   |   |
|   |   |                   |  |  |  |   |   |

| Part II | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or rep  | oorted 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.   |             |

| _               | _          | gross receipts greater tria                      | 11 \$5,000.               |                         |                          |                               |
|-----------------|------------|--|---------------------------|-------------------------|--------------------------|-------------------------------|
|                 |            |  | (a) Event #1              | (b) Event #2            | (c) Other events         | (d) Total events              |
|                 | i          |  | AIMING TO INSPIRE         |                         | NONE                     | (add col (a) through col (c)) |
| a               |            |  | (event type)              | (event type)            | (total number)           |                               |
| Revenue         | 1          | Gross receipts                                   | 25,216                    |                         |                          | 25,216                        |
| æ               | 2          | Less: Contributions                              | 20,428                    |                         |                          | 20,428                        |
|                 | 3          |  |                           |                         |                          |                               |
|                 |            | line 2)  | <u>4,</u> 789             | <br>                    |                          | 4,789                         |
| Ì               | 4          | Cash prizes                                      |                           |                         |                          |                               |
|                 | 5          | Noncash prizes                                   |                           |                         |                          |                               |
| Direct Expenses | 6          | Rent/facility costs                              | 2,976                     | <del></del>             |                          | 2,976                         |
| EXP             | 7          | Food and beverages                               | 66                        |                         |                          | 66                            |
| Direc           | 8          | Entertainment                                    |                           |                         |                          |                               |
|                 | 9          | Other direct expenses .                          |                           |                         |                          | 487                           |
|                 | 10         |  |                           |                         |                          | 3,529                         |
|                 | 11         |  |                           |                         |                          | 1,259                         |
| ·Pa             | rt II      | Gaming. Complete if the than \$15,000 on Form 99 | •                         | ed "Yes" on Form 99     | 30, Part IV, line 19, or | reported more                 |
|                 |            | 11211 \$15,000 011 F01111 95                     |                           | (b) Puli tabs/instant   |                          | (d) Total gaming (add         |
| Revenue         |            | J  | (a) Bingo                 | bingo/progressive bingo | (c) Other gaming         | col (a) through col (c))      |
| S S             |            |  |                           |                         |                          |                               |
| <u> </u>        | _ 1        | Gross revenue                                    |                           |                         |                          |                               |
| ses             | 2          | Cash prizes                                      |                           |                         |                          |                               |
| Direct Expenses | 3          | Noncash prizes                                   |                           |                         |                          |                               |
| Orrect          | 4          | Rent/facility costs                              |                           |                         |                          |                               |
|                 | 5          | Other direct expenses .                          |                           |                         |                          |                               |
|                 | 6          | Volunteer labor                                  | ☐ Yes                     | ☐ Yes% ☐ No             | ☐ Yes % ☐ No             |                               |
|                 | 7          | Direct expense summary. Ad                       | d lines 2 through 5 in co | olumn (d)               |                          |                               |
|                 | 8          | Net gaming income summary                        | . Subtract line 7 from li | ne 1, column (d)        |                          |                               |
| ^               |            | Enter the state(s) in which the org              | agnization conducts as    | mina activities:        |                          |                               |
|                 | a l        | ls the organization licensed to co               | onduct gaming activities  | in each of these states |                          | U Yes D No                    |
| 10              | a Ñ<br>b I | Were any of the organization's g                 | aming licenses revoked    | , suspended, or termina | ated during the tax year | ? .   Yes   No                |

| schean       | Page 3  |
|--------------|---|
| 11<br>12     | Does the organization conduct gaming activities with nonmembers?  |
| 13           | Indicate the percentage of gaming activity conducted in:  |
| а            | The organization's facility   |
| b            | An outside facility   |
| 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?  |
| b<br>c       | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ 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<br>a      | Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  |
| b            | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  |
| Part         | 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. |
| <del>-</del> |   |
|              |   |
|              | ·   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              |   |
|              | *   |

SCHEDULE I (Form 990)

# 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. ► Go to www.irs.gov/Form990 for the latest information.

2017

OMB No 1545-0047

Department of the Treasury

| Internal Revenue Service             | L  |                      | P Go to v                          | www.irs.gov/Forms           | 90 for the latest in                  | ormation.  |                                 |           | mspe                        | ection |
|--------------------------------------|--|----------------------|------------------------------------|-----------------------------|---------------------------------------|--|---------------------------------|-----------|-----------------------------|--------|
| Name of the organization             |  |                      |                                    |                             |                                       |  |                                 | Employ    | er identification nur       | nber   |
| BROOKINGS HEALTH                     | SYSTEM FOUN  | IDATION              |                                    |                             |                                       |  |                                 |           | 27-1785343                  |        |
|                                      |  | on Grants and        |                                    |                             |                                       |  |                                 |           |                             |        |
|                                      |  |                      | stantiate the amou                 | unt of the grants o         | r assistance, the g                   | grantees' eligibility                                      | for the grants or a             | ssistance | e, and                      |        |
|                                      | the selection criteria used to award the grants or assistance?  ☐ Yes ☐ No |                      |                                    |                             |                                       |  |                                 |           |                             |        |
|                                      |  |                      | res for monitoring                 |                             |                                       |  | . <u> </u>                      |           |                             |        |
|                                      |  |                      | mestic Organiz<br>that received me |                             |                                       |  |                                 |           | ered "Yes" on               | Form   |
| 1 (a) Name and address or government |  | (b) EIN              | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book FMV, appraisal,<br>other) | (g) Description noncash assista |           | (h) Purpose o<br>or assista |        |
| (1) CITY OF BROOK                    | INGS DBA BHS   |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| 300 22ND AVE,BROOK                   | INGS,SD57006   | 46-6000069           | GOVERNMENTAL                       | 559,344                     |                                       | <u> </u>   |                                 |           | TO FUND CAPIT               | AL     |
| (2) BROOKINGS PO                     | LICE DEPT  |                      | ļ — — I                            |                             |                                       |  |                                 |           | 1                           |        |
| 307 3RD AVE,BROOKII                  | NGS,SD 57006   | 46-6000069           | GOVERNMENTAL                       | 21,650                      |                                       | \  |                                 |           | PURCHASE AEC                | EQUIP  |
| (3)                                  |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| (4)                                  |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
|                                      |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| _(5)                                 |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| (6)                                  |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| (7)                                  |  |                      |                                    |                             |                                       |  |                                 |           |                             |        |
| (8)                                  |  |                      |                                    |                             |                                       |  | <del> </del> _                  |           | <del></del>                 |        |
| (9)                                  |  |                      |                                    | ·                           | <del></del> -                         |  |                                 |           |                             |        |
| (10)                                 |  |                      |                                    |                             |                                       |  |                                 |           | <del>-</del>                |        |
| (11)                                 |  |                      |                                    |                             |                                       |  |                                 |           | <del>!</del>                |        |
| (10)                                 |  |                      |                                    | <del> </del>                | <del> </del>                          | <del></del>  |                                 |           | <del></del> _               |        |
| (12)                                 |  |                      | }                                  | )                           |                                       | ] ]  |                                 |           |                             |        |
|                                      |  |                      | vernment organiza                  |                             | ine 1 table                           |  |                                 |           | <u> </u>                    | 2      |
| 3 Enter total nun                    | nber of other o  | organizations listed | d in the line 1 table              |                             |                                       |  |                                 |           | <u> </u>                    | 0      |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2017)

| Schedule I (F           | Form 990) (2017)  |                          |                          |                                  |   | Page 2                                |
|-------------------------|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| Part III                | Grants and Other Assistance to<br>Part III can be duplicated if addit |                          |                          | e organization answ              | vered "Yes" on Form 990,                              | Part IV, line 22                      |
|                         | (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                      |   |                          |                          |                                  |   |                                       |
| 2                       |   |                          |                          |                                  |   |                                       |
| _3                      |   |                          | ····                     |                                  |   |                                       |
| 4                       |   |                          |                          |                                  |   |                                       |
| 5                       |   |                          |                          |                                  |   |                                       |
| 6                       |   |                          |                          |                                  |   |                                       |
| 7                       | ····  |                          |                          |                                  |   |                                       |
| Part IV                 | Supplemental Information. Pro   | vide the information re  | equired in Part I, Ii    | ne 2, Part III, colum            | n (b), and any other additi                           | onal information                      |
| PART I, LII<br>THE MAJO | NE 2  | TO BHS BHS FOUNDATE      | ON REQUIRES BHS          | TO SUBMIT A BHS FOU              | JNDATION REQUEST FOR FUN                              | LDS FORM COMPLETE WITH                |
|                         | F INVOICES AND/OR QUOTES/ESTIMATE                                     |                          |                          |                                  |   |                                       |
| BY THE FO               | OUNDATION BOARD AND ACTED UPON A                                      | AT BOARD MEETINGS AN     | D DOCUMENTED IN          | THE MINUTES ALL CH               | HECKS WRITTEN AGAINST TH                              | IE BHS FOUNDATION                     |
| CHECKING                | ACCOUNT ARE MATCHED UP TO THE I                                       | REQUESTS AND/OR TO A     | SPECIFIC RELATED         | INVOICE AND REVIEW               | JED BY THE BHS FOUNDATIO                              | N BOARD AT EACH                       |
| BOARD ME                | EETING  |                          |                          |                                  |   |                                       |
|                         |   |                          |                          |                                  |   |                                       |
|                         |   |                          |                          |                                  |   |                                       |
|                         |   |                          |                          |                                  |   |                                       |
|                         |   |                          |                          |                                  |   |                                       |
|                         |   |                          |                          |                                  | ·   |                                       |

Schedule I (Form 990) (2017)

## SCHEDULE 0 (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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Schedule O (Form 990 or 990-EZ) (2017)

Cat No 51056K

Open to Public Inspection

| Name of the organization  | Employer identification number          |
|---|---|
| BROOKINGS HEALTH SYSTEM FOUNDATION  | 27-1785343                              |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:                       |   |
|   |   |
| IN ADDITION, THE ORGANIZATION ISSUED THE FOLLOWING FUNDS:                           |   |
| - \$26,827.71 TO BHS FOR ADMINISTRATIVE EXPENSES                                    |   |
| - \$21,879.25 FROM 2016 "AIMING TO INSPIRE HEALTH" FOR OB UNIT                      |   |
| - \$7,825.00 FROM MAKE THIS HOUSE A HOME FUND FOR LIGHT POLE                        |   |
|   |   |
| - \$5,897.61 FROM UNRESTRICTED FOR THE MILLION HEARTS SCREENING PROGRAM             |   |
| - \$4,663 80 FROM THE TEAM ISAAC FUND FOR EXPENSES RELATED TO BHS OB UNIT           |   |
| - \$2,904.91 FROM TOUGH ENOUGH TO WEAR PINK FUND FOR BREAST CANCER ADVOCACY         |   |
| - \$2,761 00 FROM THE BHS FUN RUN   |   |
| - \$1,527.73 FROM THE FITNESS CENTER FUND FOR TVS IN CARDIAC REHAB                  |   |
| - \$1,327.73T ROW THE TTINESS CENTER FOND FOR TVS IN CARDIAC RELIAD                 |   |
|   |   |
|   | *************************************** |
| FORM 990, PART VI, SECTION A, LINE 1  |   |
| THE EXECUTIVE COMMITTEE AS DEFINED IN THE BYLAWS IS COMPRISED OF THE THREE OFFICER  | RS OF THE ORGANIZATION. THE             |
|   |   |
| BOARD CHAIR, VICE CHAIR AND SECRETARY/TREASURER THE EXECUTIVE COMMITTEE, IN AN EN   | MERGENCY, SHALL HAVE ALL THE            |
| POWERS OF THE BOARD BETWEEN MEETINGS  |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 11B.   |   |
|   |   |
| THE DEVELOPMENT OFFICER WILL REVIEW THE FORM 990 WITH ALL SEVEN MEMBERS OF THE GO   | OVERNING BOARD                          |
| INDEPENDENTLY BEFORE THE 990 IS FILED   |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 12C:   |   |
|   |   |
| THE CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE COMPLETED EACH CALENDAR YEA    | AR BY EACH MEMBER OF THE                |
| GOVERNING BOARD. RESPONSES ARE REVIEWED BY THE BOARD AND COPIES OF THE SIGNED FOR   | ORMS ARE MAINTAINED BY BHS              |
| ADMINISTRATION. IF A CONFLICT IS DEEMED TO EXIST, THE MEMBER(S) INVOLVED SHALL MAKE | FULL AND OPEN DISCLOSURE AND            |
|   |   |
| ABSTAIN FROM DISCUSSION AND/OR VOTING ON THE MATTER CAUSING THE CONFLICT            |   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule O (Form 990 or 990-EZ) (2017)  | Page 2                         |
|---|--------------------------------|
| Name of the organization  | Employer identification number |
| BROOKINGS HEALTH SYSTEM FOUNDATION  | 27-1785343                     |
| FORM 990, PART VI, SECTION C, LINE 19   |                                |
| DOCUMENTS ARE MADE AVAILABLE UPON REQUEST   |                                |
|   |                                |
| FORM 990, PART VII  |                                |
| THE ORGANIZATION IS TREATED AS A DEPARTMENT OF THE BROOKINGS HEALTH SYSTEM FOR    | R BOOK PURPOSES, HOWEVER IT IS |
| A SEPARATE LEGAL ENTITY JASON MERKLEY, BOARD MEMBER, IS THE CEO OF BROOKINGS H    | HEALTH SYSTEM. HE HAS ULTIMATE |
| RESPONSIBILITY FOR CARRYING OUT THE ACTIVITY OF THE FOUNDATION BUT ACTS AS AN UNI | PAID VOLUNTEER IN HIS ROLE AS  |
| BOARD MEMBER OF THE FOUNDATION  |                                |
| PART IX COLUMN B - PROGRAM EXPENSE  |                                |
| AMOUNTS REPORTED IN COLUMN B INCLUDE AMOUNTS DONATED TO BROOKINGS HEALTH SYS      | STEM, PLUS EXPENSES PAID ON    |
| BEHALF OF BROOKINGS HEALTH SYSTEM   |                                |
|   |                                |
| ······  |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |
|   |                                |