

PUBLIC DISCLOSURE COPY

Form **990**

**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)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b> |   | <b>D</b> Employer identification number<br><b>56-1930028</b>   |
|  | Doing Business As  |   | <b>E</b> Telephone number<br><b>828-233-2700</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)       | Room/suite  | <b>G</b> Gross receipts \$ <b>2,731,207.</b>   |
|  | <b>561 FLEMING STREET</b>  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>HENDERSONVILLE, NC 28739</b>  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>F</b> Name and address of principal officer: <b>KIMERLY S. HINKELMAN</b><br><b>SAME AS C ABOVE</b>  |  | If "No," attach a list. (see instructions)  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |  |
| <b>J</b> Website: <b>WWW.PARDEEHOSPITALFOUNDATION.ORG</b>  |  |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>NC</b>                 |  |

**Part I Summary**

|   |  |
|---|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SUPPORT HENDERSON COUNTY HOSPITAL CORPORATION D/B/A MARGARET R. PARDEE MEMORIAL HOSPITAL.</b> |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>19</b>  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>19</b>  |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) <b>5</b> <b>0</b>  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>19</b>   |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>                             |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>2,168,386.</b> <b>Prior Year</b> <b>1,836,777.</b> <b>Current Year</b>   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>771,664.</b> <b>289,408.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>78,751.</b> <b>150,658.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,018,801.</b> <b>2,276,843.</b>   |
|   | <b>Expenses</b>  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>                             |  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b> <b>0.</b>         |  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>                            |  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>181,776.</b>                                      |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>613,251.</b> <b>663,076.</b>                  |  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>3,543,863.</b> <b>2,281,024.</b> |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-525,062.</b> <b>-4,181.</b>                          |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <b>7,867,067.</b> <b>Beginning of Current Year</b> <b>8,327,967.</b> <b>End of Year</b>   |
|   | <b>21</b> Total liabilities (Part X, line 26) <b>64,108.</b> <b>9,994.</b>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>7,802,959.</b> <b>8,317,973.</b>   |

**Part II Signature Block**

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

|  |                                 |                      |                               |   |                  |
|--|---------------------------------|----------------------|-------------------------------|---|------------------|
| <b>Sign Here</b>   | Signature of officer            |                      | Date                          |   |                  |
|  | <b>KELLIE KANIPE, TREASURER</b> |                      |                               |   |                  |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name      | Preparer's signature | Date                          | Check if self-employed <input type="checkbox"/> | PTIN             |
|  | <b>KELLIANNE F. BENSON</b>      |                      |                               |   | <b>P01345659</b> |
| Firm's name <b>CHERRY BEKAERT LLP</b>                                      |                                 |                      | Firm's EIN <b>56-0574444</b>  |   |                  |
| Firm's address <b>1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204</b> |                                 |                      | Phone no. <b>704-377-1678</b> |   |                  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION'S PURPOSE IS TO SUPPLEMENT, ENHANCE AND ENRICH THE FACILITIES, PROGRAMS AND SERVICES PROVIDED BY HENDERSON COUNTY HOSPITAL CORPORATION D/B/A MARGARET R. PARDEE MEMORIAL HOSPITAL.

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

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

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

4a (Code: ) (Expenses \$ 1,951,042. including grants of \$ 1,617,948. ) (Revenue \$ ) THE FOUNDATION RECEIVED AND ADMINISTERED CHARITABLE CONTRIBUTIONS AND OTHER FUNDS TO STRENGTHEN AND FURTHER THE WORK AND SERVICE OF HENDERSON COUNTY HOSPITAL CORPORATION D/B/A MARGARET R. PARDEE MEMORIAL HOSPITAL.

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

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

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

4e Total program service expenses 1,951,042.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     | X  |

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | 1a   | 19  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | 1b   | 19  |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | 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?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PARDEE MEMORIAL HOSPITAL FOUNDATION INC. - 828-233-2700**  
**561 FLEMING STREET, HENDERSONVILLE, NC 28739**

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

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

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

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

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

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

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CAROL ADAMS<br>BOARD MEMBER               | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) GREG BURNETTE<br>BOARD MEMBER             | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) DANA CARPENTER<br>BOARD MEMBER            | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) D. SCOTT DONALDSON, MD<br>BOARD MEMBER    | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) ROBERT HEILMAN<br>BOARD MEMBER            | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) JIM HONEYCUTT<br>BOARD MEMBER             | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) PEGGY JUDKINS<br>BOARD MEMBER             | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) JAY KIRBY<br>HOSPITAL CEO                 | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) W. MARK MCCOLLOUGH, MD<br>BOARD MEMBER    | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) WILLIAM L. MOYER<br>BOARD MEMBER         | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) CATHERINE QUINN<br>BOARD MEMBER          | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) DEBBIE RICE<br>BOARD MEMBER              | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) TERRY STEIN<br>BOARD MEMBER              | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) AMY TREECE<br>BOARD MEMBER               | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) DONALEE WERMEISTER<br>BOARD MEMBER       | 3.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) RYAN S. HARMAN<br>PRESIDENT OF THE BOARD | 3.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (17) JAMES W. WERT<br>VP OF FUNDRAISING       | 3.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) RAGAN WARD<br>VP OF BOARD DEVELOPMENT                           | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (19) KELLIE KANIPE<br>TREASURER OF THE BOARD                         | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (20) STEPHANIE BAILEY<br>SECRETARY OF THE BOARD                      | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (21) KIMERLY S. HINKELMAN<br>EXECUTIVE DIRECTOR                      | 50.00   |   |                       | X       |              |                              |        | 0.   | 105,473.  | 0.  |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              |        | 0.   | 105,473.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 0.   | 105,473.  | 0.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|---|--|--|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |   |   |  |  |
|   | <b>b</b> Membership dues .....   | <b>1b</b>  |   |   |  |  |
|   | <b>c</b> Fundraising events .....  | <b>1c</b> 83,243.  |   |   |  |  |
|   | <b>d</b> Related organizations .....   | <b>1d</b> 500,000.   |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b> 1,253,534.   |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   | 84,842.  |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....  | ▶ 1,836,777.   |   |   |  |  |
| <b>Program Service<br/>Revenue</b>  | <b>2 a</b> _____   | <b>Business Code</b>   |   |   |  |  |
|   | <b>b</b> _____   |  |   |   |  |  |
|   | <b>c</b> _____   |  |   |   |  |  |
|   | <b>d</b> _____   |  |   |   |  |  |
|   | <b>e</b> _____   |  |   |   |  |  |
|   | <b>f</b> All other program service revenue .....   |  |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....  | ▶  |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   | ▶ 184,906.   |   |   | 184,906.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  | ▶  |   |   |  |  |
|   | <b>5</b> Royalties .....   | ▶  |   |   |  |  |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |   |   |  |  |
|   |  | (ii) Personal  |   |   |  |  |
|   |  | <b>b</b> Less: rental expenses .....                           |   |   |  |  |
|   |  | <b>c</b> Rental income or (loss) .....                         |   |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....   | ▶  |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | 452,340.  |   |  |  |
|   |  | (ii) Other   |   |   |  |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... | 347,838.  |   |  |  |
|   |  | <b>c</b> Gain or (loss) .....                                  | 104,502.  |   |  |  |
|   | <b>d</b> Net gain or (loss) .....  | ▶ 104,502.   |   |   | 104,502.   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 83,243. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b> 257,184.  |   |   |  |  |
|   |  | <b>b</b> Less: direct expenses .....                           | <b>b</b> 106,526.                               |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  | ▶ 150,658.   |   |   | 150,658.   |  |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>   |  |   |   |  |  |
|   | <b>b</b> Less: direct expenses .....   | <b>b</b>   |   |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   | ▶  |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>   |  |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  | ▶  |   |   |  |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>   |   |   |  |  |
| <b>11 a</b> _____   |  |  |   |   |  |  |
|   | <b>b</b> _____   |  |   |   |  |  |
|   | <b>c</b> _____   |  |   |   |  |  |
|   | <b>d</b> All other revenue .....   |  |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....  | ▶  |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                               | ▶  | 2,276,843.   | 0.  | 0.                                      | 440,066.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 1,617,948.            | 1,617,948.                      |  |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 2,625.                |                                 | 2,625.                                 |                             |
| <b>c</b> Accounting  | 36,300.               |                                 | 36,300.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 59,391.               |                                 | 59,391.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 69,252.               |                                 | 24,062.                                | 45,190.                     |
| <b>12</b> Advertising and promotion  | 44,673.               |                                 |  | 44,673.                     |
| <b>13</b> Office expenses  | 23,725.               |                                 | 9,788.                                 | 13,937.                     |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  |                       |                                 |  |                             |
| <b>17</b> Travel   | 11,159.               |                                 | 6,439.                                 | 4,720.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 774.                  |                                 | 774.                                   |                             |
| <b>23</b> Insurance  |                       |                                 |  |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> SHARED SERVICES AGREEMENTS  | 333,094.              | 333,094.                        |  |                             |
| <b>b</b> DONOR CULTIVATION   | 40,271.               |                                 |  | 40,271.                     |
| <b>c</b> EVENT EXPENSES  | 31,240.               |                                 |  | 31,240.                     |
| <b>d</b> MISCELLANEOUS   | 10,572.               |                                 | 8,827.                                 | 1,745.                      |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,281,024.            | 1,951,042.                      | 148,206.                               | 181,776.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 158,372.                 | <b>1</b>   | 236,606.           |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   | 243,573.           |
|   | <b>3</b> Pledges and grants receivable, net .....  | 242,909.                 | <b>3</b>   | 411,037.           |
|   | <b>4</b> Accounts receivable, net .....  | 9,986.                   | <b>4</b>   | 38,860.            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 10,714.                  | <b>9</b>   | 20,538.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 47,153.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 47,153.       | <b>10c</b> | 0.                 |
|   | <b>11</b> Investments - publicly traded securities .....   | 7,425,406.               | <b>11</b>  | 7,353,190.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 18,906.                  | <b>15</b>  | 24,163.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 7,867,067.   | <b>16</b>                | 8,327,967. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 4,441.                   | <b>17</b>  |                    |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   | 46,943.                  | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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 .....  | 12,724.                  | <b>25</b>  | 9,994.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 64,108.                  | <b>26</b>  | 9,994.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|   | <b>27</b> Unrestricted net assets .....  | 6,890,958.               | <b>27</b>  | 7,046,757.         |
|   | <b>28</b> Temporarily restricted net assets .....  | 911,226.                 | <b>28</b>  | 1,267,531.         |
|   | <b>29</b> Permanently restricted net assets .....  | 775.                     | <b>29</b>  | 3,685.             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>  |                    |
| <b>33</b> Total net assets or fund balances .....                         | 7,802,959.   | <b>33</b>                | 8,317,973. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 7,867,067.   | <b>34</b>                | 8,327,967. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,276,843. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,281,024. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -4,181.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 7,802,959. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 519,195.   |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 8,317,973. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a |     | X  |
|    |     |    |
| 3b |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

|  |  |
|--|--|
| <b>Name of the organization</b><br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b> | <b>Employer identification number</b><br><b>56-1930028</b> |
|--|--|

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1902859. | 1878055. | 1304832. | 1093927. | 1836777. | 8016450.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1902859. | 1878055. | 1304832. | 1093927. | 1836777. | 8016450.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 2280370.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 5736080.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1902859. | 1878055. | 1304832. | 1093927. | 1836777. | 8016450.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 209,771. | 228,709. | 308,214. | 263,517. | 184,906. | 1195117.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          | 257,184. | 257,184.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 9468751.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 462,635.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 60.58 % |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 71.35 % |
| <b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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





Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

PARDEE MEMORIAL HOSPITAL FOUNDATION, INC

Employer identification number

56-1930028

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

|   |   |
|---|---|
| Name of organization<br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b> | Employer identification number<br><b>56-1930028</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/><br><hr/><br><hr/>           | \$ <u>302,382.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/><br><hr/><br><hr/>           | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ <u>59,557.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ <u>46,963.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | <hr/><br><hr/><br><hr/>           | \$ <u>319,633.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | <hr/><br><hr/><br><hr/>           | \$ <u>75,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b> | Employer identification number<br><br><b>56-1930028</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 2                            | GOLF TEE SHAKERS<br>_____<br>_____<br>_____  | \$ 960.  | 05/12/14             |
| 3                            | STOCK<br>_____<br>_____<br>_____             | \$ 49,557.                                     | 05/06/14             |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b> | Employer identification number<br><br><b>56-1930028</b> |
|---|---|

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization: PARDEE MEMORIAL HOSPITAL FOUNDATION, INC. Employer identification number: 56-1930028

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use (e.g., recreation or education), Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Table: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No)
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 775.             | 8,106,286.     | 7,678,558.         | 8,287,929.           | 7,938,883.          |
| b Contributions                                  | 2,910.           | 1,317,923.     | 928,836.           | 1,331,797.           | 1,429,058.          |
| c Net investment earnings, gains, and losses     |                  | 38,642.        | 1,458,102.         | -99,759.             | 566,184.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  | 9,462,076.     | 1,959,210.         | 1,841,409.           | 1,646,196.          |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,685.           | 775.           | 8,106,286.         | 7,678,558.           | 8,287,929.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  .00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 12,000.                         | 12,000.                      | 0.             |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 35,153.                         | 35,153.                      | 0.             |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 0.             |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>ANNUITY OBLIGATIONS</b>  | <b>9,994.</b>  |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>9,994.</b>  |

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



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

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

|   |   |    |            |            |
|---|---|----|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1          | 2,864,256. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains on investments   | 2a | 519,195.   |            |
| b | Donated services and use of facilities  | 2b | 21,083.    |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d |            |            |
| e | Add lines 2a through 2d   | 2e | 540,278.   |            |
| 3 | Subtract line 2e from line 1  | 3  | 2,323,978. |            |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a | 59,391.    |            |
| b | Other (Describe in Part XIII.)  | 4b | -106,526.  |            |
| c | Add lines 4a and 4b   | 4c | -47,135.   |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 2,276,843. |            |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |            |            |
|---|--|----|------------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1          | 2,349,242. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
| a | Donated services and use of facilities   | 2a | 21,083.    |            |
| b | Prior year adjustments   | 2b |            |            |
| c | Other losses   | 2c |            |            |
| d | Other (Describe in Part XIII.)   | 2d | 106,526.   |            |
| e | Add lines 2a through 2d  | 2e | 127,609.   |            |
| 3 | Subtract line 2e from line 1   | 3  | 2,221,633. |            |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a | 59,391.    |            |
| b | Other (Describe in Part XIII.)   | 4b |            |            |
| c | Add lines 4a and 4b  | 4c | 59,391.    |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 2,281,024. |            |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

EXPLANATION: DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2013, THE FOUNDATION EVALUATED THEIR RESTRICTED NET ASSETS AND DETERMINED THAT THE MAJORITY OF THE FOUNDATION'S NET ASSETS WERE INAPPROPRIATELY BEING CHARACTERIZED AS RESTRICTED ENDOWMENT FUNDS ON SCHEDULE D, PART V OF THE 990. AFTER CAREFUL REVIEW OF THE HISTORY OF THE SOURCES OF THE FOUNDATION'S CONTRIBUTIONS AND THEIR INTENDED USE, IT WAS DETERMINED THAT THE MAJORITY OF THE FOUNDATION'S NET ASSETS WOULD BE MORE APPROPRIATELY CLASSIFIED AS UNRESTRICTED IN NATURE. AS SUCH, \$6,462,076 WAS SHOWN AS BEING TRANSFERRED OUT OF TEMPORARILY RESTRICTED ENDOWMENT FUNDS. THIS WAS NOT AN EXPENDITURE OF FUNDS, RATHER, IT WAS A RECLASSIFICATION BASED ON RESEARCH OF THE NATURE OF THE FOUNDATION'S NET ASSETS.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AND APPLICABLE STATE STATUTES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE FOUNDATION. THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION HAS EVALUATED ALL ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF SEPTEMBER 30, 2014 AND 2013.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|                        |           |
|------------------------|-----------|
| SPECIAL EVENT EXPENSES | -106,526. |
|------------------------|-----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                        |          |
|------------------------|----------|
| SPECIAL EVENT EXPENSES | 106,526. |
|------------------------|----------|

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

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

Name of the organization  
**PARDEE MEMORIAL HOSPITAL FOUNDATION, INC**

Employer identification number  
**56-1930028**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2                | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |          |
|-----------------|--|---|-----------------------------|---------------------|--|----------|
|                 |  | WOMEN<br>HELPING WOMEN<br>(event type)                      | ANNUAL GALA<br>(event type) | 1<br>(total number) |  |          |
| Revenue         | 1  | Gross receipts  | 150,941.                    | 99,630.             | 86,239.  | 336,810. |
|                 | 2  | Less: Contributions   | 33,630.                     | 20,460.             | 25,536.  | 79,626.  |
|                 | 3  | Gross income (line 1 minus line 2)                          | 117,311.                    | 79,170.             | 60,703.  | 257,184. |
| Direct Expenses | 4  | Cash prizes   |                             |                     |  |          |
|                 | 5  | Noncash prizes  |                             |                     |  |          |
|                 | 6  | Rent/facility costs   | 2,461.                      | 6,310.              | 10,230.  | 19,001.  |
|                 | 7  | Food and beverages  | 9,508.                      | 18,213.             | 7,622.   | 35,343.  |
|                 | 8  | Entertainment   | 9,000.                      | 3,000.              |  | 12,000.  |
|                 | 9  | Other direct expenses                                       | 14,242.                     | 17,625.             | 6,383.   | 38,250.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                             |                     |  | 104,594. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                             |                     | 152,590.   |          |

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

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
| Direct Expenses | 2 | Cash prizes  |   |   |   |
|                 | 3 | Noncash prizes   |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16 Gaming manager information:**

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **PARDEE MEMORIAL HOSPITAL FOUNDATION, INC** Employer identification number **56-1930028**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARGARET R. PARDEE MEMORIAL HOSPITAL - 800 NORTH JUSTICE STREET - HENDERSONVILLE, NC 28791 | 56-2084959     | 115                                  | 1,617,948.                      | 0.                                       |  |   | HOSPITAL SERVICE FOR PATIENT SUPPORT      |
|  |                |                                      |                                 |  |  |   |   |
|  |                |                                      |                                 |  |  |   |   |
|  |                |                                      |                                 |  |  |   |   |
|  |                |                                      |                                 |  |  |   |   |
|  |                |                                      |                                 |  |  |   |   |
|  |                |                                      |                                 |  |  |   |   |

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

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0

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

Schedule I (Form 990) (2013)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

PART I, LINE 2:

EXPLANATION: THE ORGANIZATION SUPPORTS HENDERSON COUNTY HOSPITAL CORPORATION D/B/A MARGARET R. PARDEE MEMORIAL HOSPITAL WITHIN THE MEANING OF ITS EXEMPT PURPOSE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

PARDEE MEMORIAL HOSPITAL FOUNDATION, INC

Employer identification number

56-1930028

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 3   | 74,979.  | FMV   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          | 6   | 2,198.   | FMV   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( OTHER )   | X                          | 18  | 7,664.   | FMV   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... 30a X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? ..... 31 X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ..... 32a X
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

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

Schedule M (Form 990) (2013)





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

PARDEE MEMORIAL HOSPITAL FOUNDATION, INC

Employer identification number

56-1930028

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

EXPLANATION: THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE PRELIMINARY REVIEW OF THE FORM 990. ONCE THE AUDIT COMMITTEE REVIEWS THE 990, THE FORM IS PROVIDED TO THE FINANCE COMMITTEE FOR APPROVAL. UPON APPROVAL BY THE FINANCE COMMITTEE, THE FORM 990 IS PROVIDED TO THE FULL BOARD.

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

EXPLANATION: THE GOVERNING BODY IS REQUIRED TO DISCLOSE ANY CONFLICTS IN ADVANCE OF BOARD DISCUSSIONS AND ACTIONS. DECISIONS ARE THEN MADE REGARDING THEIR ELIGIBILITY TO VOTE ON CERTAIN MATTERS. ANNUALLY, ALL BOARD, STAFF AND COMMITTEE MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM. IN THE EVENT OF A CONFLICT, THE BOARD MEMBER WILL RECUSE HIMSELF/HERSELF FROM THE VOTE AND THIS ACTION IS NOTED IN THE BOARD MINUTES.

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

EXPLANATION: AS PARDEE MEMORIAL HOSPITAL FOUNDATION HAS NO EMPLOYEES OF ITS OWN, ALL COMPENSATION REVIEW AND APPROVAL IS PERFORMED BY PARDEE MEMORIAL HOSPITAL. THE FOLLOWING IS THE HOSPITAL'S PROCEDURE FOR DETERMINING THE COMPENSATION OF THE FOUNDATION'S EXECUTIVE DIRECTOR WHO IS AN EMPLOYEE OF THE HOSPITAL.

THE EXECUTIVE DIRECTOR IS ASSESSED ANNUALLY BY HER SUPERVISOR, THE CEO OF PARDEE HOSPITAL. IN ADDITION, THE EXECUTIVE COMMITTEE OF THE BOARD PROVIDES AN ANNUAL ASSESSMENT TO THE CEO AS PART OF THE PROCESS. THE COMPENSATION PACKAGE IS REVIEWED ANNUALLY BY THE HUMAN RESOURCE DEPARTMENT AS PART OF ITS COMPENSATION REVIEW PROCESS, AND MARKET ADJUSTMENTS ARE MADE

|  |  |
|--|--|
| Name of the organization<br>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC | Employer identification number<br>56-1930028 |
|--|--|

BIANNUALLY, AS APPROVED BY THE BOARD OF DIRECTORS OF THE HOSPITAL.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

PARDEE MEMORIAL HOSPITAL FOUNDATION, INC

Employer identification number

56-1930028

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| HENDERSON COUNTY HOSPITAL CORPORATION D/B/A<br>MARGARET R. PARDEE MEMORIAL HOSP, 800 NORTH<br>JUSTICE STREET, HENDERSONVILLE, NC 28791 | HOSPITAL                | NORTH CAROLINA                                      | 115                           | N/A   | N/A                                 |  | X  |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2013

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

Table with 11 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Predominant income (related, unrelated, excluded from tax under sections 512-514); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

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

Table with 10 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Direct controlling entity; (e) Type of entity (C corp, S corp, or trust); (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                              | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                     |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  |     | X  |
| <b>f</b> Dividends from related organization(s) .....   |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....  |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....  |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                     |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                   |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) ..... | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....  | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....  | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....   | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                     | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                     |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                  |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                |     | X  |

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

| (a)<br>Name of related organization  | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) HENDERSON COUNTY HOSPITAL CORPORATION<br>D/B/A MARGARET R. PARDEE MEMORIAL HOS | B                             | 1,617,948.             | FMV  |
| (2) HENDERSON COUNTY HOSPITAL CORPORATION<br>D/B/A MARGARET R. PARDEE MEMORIAL HOS | C                             | 500,000.               | FMV  |
| (3) HENDERSON COUNTY HOSPITAL CORPORATION<br>D/B/A MARGARET R. PARDEE MEMORIAL HOS | P                             | 333,094.               | FMV  |
| (4)  |                               |                        |  |
| (5)  |                               |                        |  |
| (6)  |                               |                        |  |

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under section 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.





# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>PARDEE MEMORIAL HOSPITAL FOUNDATION, INC</b>            | Employer identification number (EIN) or<br><b>56-1930028</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>561 FLEMING STREET</b>                         | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HENDERSONVILLE, NC 28739</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**PARDEE MEMORIAL HOSPITAL FOUNDATION INC.**

- The books are in the care of ▶ **561 FLEMING STREET - HENDERSONVILLE, NC 28739**  
Telephone No. ▶ **828-233-2700** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.