

# Is Your IRS Form 990 Telling the Right Story?

*The Nonprofit Quarterly*

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# Introduction and Summary

- Where can I find Form 990 returns?
- Form 990 Examples
  - Summary Information
  - Description of a Nonprofit's Key Activities
  - Nonprofit Revenues and Expenses
  - Nonprofit Compensation
  - Schedule O – Governance Example
- Problems & Limitations Using the 990
- Questions

## Your 990: What Nonfinancial Matters Does It Reveal to the Media and Donors?

By  MICHAEL WYLAND | November 13, 2017

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(<http://nonprofitquarterly.org/wp-content/blogs.dir/56/files/2017/11/Watching-you-can-IRS-990s.jpg>)

*They're watching you...* / Dan Foy (<https://www.flickr.com/photos/orangeacid/>)

The last major revision of the IRS Form 990 was done for the 2008 tax year. Even though it's been almost a decade, many nonprofit leaders—both staff and volunteer—seem unaware of the annual information return as anything more than something the auditor or CPA fills out as part of their work.

What most people don't realize is that the changes have made the Form 990 even more a diverse document than it was in the past. They may also not realize that their organization's 990 is a public document, available online for free from websites such as [Guidestar.org](http://Guidestar.org) and [nccs.urban.org](http://nccs.urban.org). In addition, all nonprofit organizations must keep copies of their last three years' 990 filings at their principal place of business and make them available for inspection immediately upon request during normal business hours.

**IRS Form 990 and Schedules  
Breakdown by Functional Area Relevance**

	Form/Schedule	Finance	Governance	Fundraising	Program
	Address Block		X		
	Part I	X	X		X
	Part II		X		
	Part III	X			X
	*Part IV	N/A	N/A	N/A	N/A
	Part V	X			
	Part VI		X		
	Part VII	X	X		
	Part VIII	X		X	
	Part IX	X		X	X
	Part X	X			
	Part XI	X			
	Part XII	X	X		
	A	X	X	X	
	B			X	
	C			X	X
	D	X			
	E		X		
	F	X			X
	G	X		X	
	H	X	X		X
	I	X			X
	J	X			
	K	X			
	L	X	X		
	M	X			
	N	X	X		
	O	X	X	X	X
	R	X	X		
	Totals	22	13	7	8

\* Part IV is a checklist of which forms and schedules should be filed with the Form 990.



# Where can the public access recent Form 990 returns?

- GuideStar - [www.guidestar.org](http://www.guidestar.org) (free reg. required)
- Foundation Center's "990 Finder"  
<http://foundationcenter.org/find-funding/990-finder>
- ProPublica – Nonprofit Explorer  
<https://projects.propublica.org/nonprofits/>
- Economic Research Institute  
<https://www.eri.com/form990finder>
- IRS (takes 4-6 weeks to respond to a request)  
<https://www.irs.gov/charities-non-profits/copies-of-scanned-990-returns-available>
- State regulatory filings (in many states)
- Nonprofit organization itself (rarely used)

# Page One - Basic Nonprofit Information

Page one of the Form 990 is a summary page with LOTS of financial and non-financial information

Form **990**



Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 04-01-2016 , and ending 03-31-2017**

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

**C** Name of organization

SUSAN G KOMEN BREAST CANCER FDN INC

% Robert Green

Doing business as  
SUSAN G KOMEN

Number and street (or P O box if mail is not delivered to street address) Room/suite  
5005 LBJ Freeway Suite 526

City or town, state or province, country, and ZIP or foreign postal code  
Dallas, TX 752446125

**D** Employer identification number

75-1835298

**E** Telephone number

(972) 855-1600

**G** Gross receipts \$ 135,670,783

**F** Name and address of principal officer

PAULA SUE SCHNEIDER  
5005 LBJ Freeway Suite 526  
Dallas, TX 752446125

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

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

**H(c)** Group exemption number ▶ 7164

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

**J** Website: ▶ www.komen.org

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

**L** Year of formation 1982

**M** State of legal domicile TX

## Part I Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities

OUR MISSION IS TO SAVE LIVES BY MEETING THE MOST CRITICAL NEEDS IN OUR COMMUNITIES AND INVESTING IN BREAKTHROUGH RESEARCH TO PREVENT AND CURE BREAST CANCER

**2** Check this box ☐ 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)	14
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<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	14
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<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	278
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<b>6</b> Total number of volunteers (estimate if necessary)	2,965
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<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	5,655
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<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-3,154
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# Susan G. Komen—FY2016

		Prior Year	Current Year
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	105,234,559	55,634,984
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	18,294,814	15,856,597
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	6,101,498	3,758,190
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,518,888	-4,906,867
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,111,983	70,342,904
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	36,875,933	35,357,025
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,559,800	24,717,739
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	2,754,890	2,584,720
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ►13,589,581		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	41,567,268	36,543,700
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	104,757,891	99,203,184
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	21,354,092	-28,860,280
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	248,003,651	220,522,141
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	106,786,837	92,137,738
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	141,216,814	128,384,403



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

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

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	118,656,952	91,606,572	77,337,857	105,234,559	55,634,984	448,470,924
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	118,656,952	91,606,572	77,337,857	105,234,559	55,634,984	448,470,924
<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)						46,129,219
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						402,341,705

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a)2012</b>	<b>(b)2013</b>	<b>(c)2014</b>	<b>(d)2015</b>	<b>(e)2016</b>	<b>(f)Total</b>
<b>7</b>	Amounts from line 4	118,656,952	91,606,572	77,337,857	105,234,559	55,634,984	448,470,924
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,810,808	4,064,746	3,542,123	2,523,145	2,265,964	17,206,786
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	351,342	436,740	153,632	336,857	51,821	1,330,392
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						467,008,102
<b>12</b>	Gross receipts from related activities, etc. (see instructions)						<b>12</b> 117,418,939

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

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

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	86.153 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	82.333 %

# Page one vs. Page 2

Description of activities  
vs.  
board-approved mission  
statement

Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foim990">www.irs.gov/foim990</a>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2015</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Open to Public Inspection</div>
<b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>		
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization LIFESCAPE  Doing business as  Number and street (or P O box if mail is not delivered to street address) Room/suite 2501 W 26TH STREET  City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS, SD 57105	<b>D</b> Employer identification number 46-5151247  <b>E</b> Telephone number (605) 444-9500  <b>G</b> Gross receipts \$ 3,910,760
<b>F</b> Name and address of principal officer ANNE MCFARLAND 2501 W 26TH STREET SIOUX FALLS, SD 57105		<b>H(a)</b> Is this a group return for subordinates? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>H(b)</b> Are all subordinates included? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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>H(c)</b> Group exemption number ▶
<b>J Website:</b> ▶ WWW.LIFESCAPESD.ORG		
<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 2014 <b>M</b> State of legal domicile SD

## Mission or significant activities – description – Page 1

<b>Part I</b>	<b>Summary</b>
<b>1</b>	Briefly describe the organization's mission or most significant activities PROVIDE MANAGEMENT ACTIVITIES TO SOUTH DAKOTA ACHIEVE AND CHILDREN'S CARE HOSPITAL AND SCHOOL <hr/> <hr/> <hr/> <hr/>

## Mission statement as adopted by the governing body – Page 2

<b>1</b>	Briefly describe the organization's mission WE EMPOWER CHILDREN AND ADULTS WITH DISABILITIES TO LEAD FULFILLING LIVES <hr/> <hr/> <hr/> <hr/>
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# Description of key activities

Feeding South Dakota

# Feeding SD - 2016

<b>4a</b>	(Code ) (Expenses \$ 10,439,686 including grants of \$ ) (Revenue \$ 719,107 )
SIOUX FALLS FOOD BANK - ACTS AS A WAREHOUSE AND DISTRIBUTION POINT FOR SURPLUS AND SALVAGE FOOD FOR OTHER NON-PROFIT ORGANIZATIONS THAT OPERATE ON-SITE FOOD SERVICE OR NUTRITION PROGRAMS	
<b>4b</b>	(Code ) (Expenses \$ 4,499,965 including grants of \$ ) (Revenue \$ 279,784 )
RAPID CITY FOOD BANK - ACTS AS A WAREHOUSE AND DISTRIBUTION POINT FOR SURPLUS AND SALVAGE FOOD FOR OTHER NON-PROFIT ORGANIZATIONS THAT OPERATE ON-SITE FOOD SERVICE OR NUTRITION PROGRAMS	
<b>4c</b>	(Code ) (Expenses \$ 2,470,914 including grants of \$ ) (Revenue \$ )
FEEDING SOUTH DAKOTA ADMINISTERS TWO USDA COMMODITY PROGRAMS FOR THE STATE OF SOUTH DAKOTA THOSE PROGRAMS INCLUDE THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) AND THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) TEFAP PROVIDES COMMODITY PRODUCTS TO QUALIFIED EMERGENCY FEEDING PROGRAMS CSFP PROVIDES SUPPLEMENTAL FOOD BOXES TO LOW-INCOME, ELIGIBLE SENIORS	
See Additional Data	
<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ 7,799,823 including grants of \$ ) (Revenue \$ 143,002 )
<b>4e</b>	<b>Total program service expenses ► 25,210,388</b>

# Revenues and Expenses

Metropolitan Museum of Art



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>				
	<b>b</b>	Membership dues . . . . . <b>1b</b>	29,766,429			
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	19,673,289			
	<b>d</b>	Related organizations . . . . . <b>1d</b>				
	<b>e</b>	Government grants (contributions) <b>1e</b>	12,972,099			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	193,514,791			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	22,661,593			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	255,926,608			
<b>Program Service Revenue</b>	<b>2a</b>	EDUCATION PRGRMS, CONCERTS & LECTURES	7,186,407	6,950,617	235,790	
	<b>b</b>	PHOTO RENTALS & FILM FEES	17,056		17,056	
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	7,203,463			
		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	38,132,574		-5,235,725
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .	0			
<b>5</b>		Royalties . . . . .	106,231			106,231
<b>6a</b>		(i) Real				
		(ii) Personal				
<b>b</b>		Less rental expenses				
<b>c</b>		Rental income or (loss)	0	0		
<b>d</b>		Net rental income or (loss) . . . . .	0			
<b>7a</b>		(i) Securities	738,027,134			
		(ii) Other				
<b>b</b>	Less cost or other basis and sales expenses	597,020,613				
<b>c</b>	Gain or (loss)	141,006,521				
<b>d</b>	Net gain or (loss) . . . . .	141,006,521			141,006,521	

## Other Revenue

<b>8a</b>	Gross income from fundraising events (not including \$ <u>19,673,289</u> of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	<b>a</b>	712,563			
<b>b</b>	Less direct expenses . . . . .	<b>b</b> 5,244,668			
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-4,532,105		-4,532,105
<b>9a</b>	Gross income from gaming activities See 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 . . . . .		0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .				
	<b>a</b>	58,235,617			
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b> 54,381,104			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		3,854,513	3,620,442	234,071
	Miscellaneous Revenue	Business Code			
<b>11a</b>	CORPORATE EVENTS	812930	2,000,408	876,585	1,123,823
<b>b</b>	PARKING GARAGE	812930	2,766,282		2,766,282
<b>c</b>	RESTAURANT	561499	23,424,136		23,424,136
<b>d</b>	All other revenue . . . . .		3,855,886	3,855,886	
<b>e</b>	<b>Total.</b> Add lines 11a–11d . . . . .		32,046,712		
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		473,744,517	15,303,530	-3,624,985 206,139,364

Form **990** (2014)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,756,487	1,756,487		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	33,750	33,750		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	8,630,284	3,092,923	5,192,688	344,673
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	122,239,501	105,699,656	11,328,645	5,211,200
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	16,151,118	13,739,942	1,896,862	514,314
9	Other employee benefits.	32,686,107	27,806,447	3,838,808	1,040,852
10	Payroll taxes.	9,187,522	7,815,931	1,079,025	292,566
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,556,162	334,901	1,221,261	
c	Accounting.	1,106,877		1,106,877	
d	Lobbying.	333,119	333,119		
e	Professional fundraising services. See Part IV, line 17.	280,830			280,830
f	Investment management fees.	18,589,211		18,589,211	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,301,430	7,742,799	3,872,662	685,969
12	Advertising and promotion.	6,052,987	5,802,952	10,349	239,686
13	Office expenses.	37,395,397	34,261,639	764,433	2,369,325
14	Information technology.	2,431,614	710,021	1,583,937	137,656
15	Royalties.	9,824	9,824		



<b>16</b>	Occupancy . . . . .	1,277,395	1,277,138		257
<b>17</b>	Travel . . . . .	3,733,068	3,445,221	211,191	76,656
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	396,406	266,599	114,106	15,701
<b>20</b>	Interest . . . . .	7,428,995	7,070,055	306,937	52,003
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	52,593,119	47,599,982	4,909,486	83,651
<b>23</b>	Insurance . . . . .	2,415,096	1,592,193	822,839	64
<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>	PURCHASES OF ART	52,389,571	52,389,571		
<b>b</b>	RESTAURANT SERVICES & SUPPLIES	21,792,482	21,792,482		
<b>c</b>	REPAIRS & MAINTENANCE	1,695,644	1,617,094	19,513	59,037
<b>d</b>	CATERING SERVICES	4,200,318	3,059,415	949,983	190,920
<b>e</b>	All other expenses	2,375,036	1,563,740	711,717	99,579
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	421,039,350	350,813,881	58,530,530	11,694,939
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form **990** (2014)

# University of Louisville Foundation

501(c)(3) public charity affiliated  
with the state-run University of  
Louisville

**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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dr James R Ramsey President	12 0 ..... 3 0	X		X				1,521,400	0	237,500
(2) Robert Curtis Hughes MD Chairman	0 5 ..... 1 5	X		X				0	0	0
(3) Joyce Hagen Vice Chair	0 5 ..... 1 5	X		X				0	0	0
(4) Ulysses L Bridgeman Jr Treasurer	0 5 ..... 1 5	X		X				0	0	0
(5) Frank Weisberg Secretary	0 5 ..... 1 5	X		X				0	0	0
(6) Dr William Selvidge Director	0 5 ..... 0 5	X						0	0	0
(7) Jonathan Blue Director	0 5 ..... 0 5	X						0	0	0
(8) Laurence Benz Director	0 5 ..... 0 5	X						0	0	0
(9) Rebecca Jackson Director (until 1/28/2016)	0 5 ..... 0 5	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Dr Mark Lynn Director	0 5 ..... 0 5	X						0	0	0
(16) Shirley C Willihnganz PhD Executive Vice President (Until 10/1/15)	9 0 ..... 1 0			X				662,125	0	0
(17) Kathleen M Smith Assistant Secretary	8 0 ..... 6 0			X				357,584	51,100	83,333
(18) JASON Tomlinson CFO/Assistant Treasurer	15 0 ..... 25 0			X				260,226	41,766	0
(19) Neville G Pinto PhD Executive Vice President (as of 10/1/2015)	13 0 ..... 5 0			X				0	0	0
(20) Thomas M Jurich Athletic Director (ULAA)	1 0 ..... 0					X		259,756	0	678,571
(21) Vickie Yates Brown Glisson President/CEO - Nucleus (until 2/29/2016)	35 0 ..... 5 0					X		339,197	0	0
(22) Ronald Kevin Miller Exec Senior Assoc Athletic Director (ULAA)	1 0 ..... 0					X		139,998	0	0
(23) Dr Donald M Miller Director, James Graham Brown Cancer Center	5 0 ..... 0					X		228,530	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,768,816	92,866	999,404

**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 **8**



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Curtis Hughes MD Chairman	0 5 ..... 1 5	X		X				0	0	0
(2) Dr James R Ramsey President	1 0 ..... 14 0	X		X				0	1,521,400	237,500
(3) Ulysses L Bndgeman Jr Treasurer	0 5 ..... 1 5	X		X				0	0	0
(4) Joyce Hagen Vice Chair	0 5 ..... 1 5	X		X				0	0	0
(5) Frank Weisberg Secretary	0 5 ..... 1 5	X		X				0	0	0
(6) Kathleen M Smith Assistant Secretary	4 0 ..... 10 0			X				51,100	357,584	83,333
(7) JASON Tomlinson CFO/Assistant Treasurer	5 0 ..... 35 0			X				41,766	260,226	0

University Holdings

Note compensation for Kathleen M. Smith and Jason Tomlinson (lines 6 and 7)



Director, James Graham Brown Cancer Center	30 0					X			228,530	0	0

<b>1b Sub-Total</b> . . . . . ▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶			
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶	3,768,816	92,866	999,404

**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 ▶ 8

	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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .		No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC  125 HIGH STREET BOSTON, MA 02110	INVESTMENT MANAGEMENT	1,263,262
EXTREME PROPERTY MANAGEMENT LLC  6300 POPLAR TREE CT SUITE A LOUISVILLE, KY 40228	PROPERTY MANAGEMENT	536,890
STITES AND HARBISON PLLC  400 WEST MARKET ST SUITE 1800 LOUISVILLE, KY 40202	LEGAL CONSULTING	329,956
FROST BROWN TODD  400 WEST MARKET ST SUITE 3200 LOUISVILLE, KY 40202	LEGAL CONSULTING	233,043
SANDS CAPITAL MANAGEMENT LLC  1011 WILSON BLVD SUITE 2300 ARLINGTON, VA 22209	INVESTMENT MANAGEMENT	185,511

**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 ▶ 7

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Dr James R Ramsey President	(i)	303,660	0	1,217,740	237,500	0	1,758,900	1,212,262
	(ii)	0	0	0	0	0	0	0
2 Shirley C Willhnganz PhD Executive Vice President (Until 10/1/15)	(i)	51,839	0	610,286	0	0	662,125	598,809
	(ii)	0	0	0	0	0	0	0
3 Kathleen M Smith Assistant Secretary	(i)	47,067	0	310,517	83,333	0	440,917	263,253
	(ii)	51,100	0	0	0	0	51,100	0
4 JASON Tomlinson CFO/Assistant Treasurer	(i)	211,600	0	48,626	0	0	260,226	0
	(ii)	41,766	0	0	0	0	41,766	0
5 Thomas M Jurich Athletic Director (ULAA)	(i)	259,756	0	0	678,571	0	938,327	0
	(ii)	0	0	0	0	0	0	0
6 Vickie Yates Brown Glisson President/CEO - Nucleus (until 2/29/2016)	(i)	339,197	0	0	0	0	339,197	0
	(ii)	0	0	0	0	0	0	0
7 Dr Donald M Miller Director, James Graham Brown Cancer Center	(i)	0	0	228,530	0	0	228,530	228,530
	(ii)	0	0	0	0	0	0	0



**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Dr. James Ramsey, Dr. Shirley Willihnganz, Kathleen Smith and Dr. Donald Miller were provided tax gross-up payments relating to a Section 457(f) nonqualified deferred compensation plan. These gross-ups were calculated and payable whenever as contributed under the plan were vested and became payable during 2015. All tax gross-ups were reported and taxed accordingly. Additionally, Dr. James Ramsey is provided tax gross-ups relating to premiums paid by the organization for a long-term care insurance benefit and a supplemental disability insurance benefit. These gross-ups are taxed accordingly.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	Country club dues are paid on behalf of Dr. James Ramsey. Membership is used to conduct the business of the organization. Logs are required to determine taxable compensation from country club dues in the event that any of the use is personal.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING AMOUNTS RELATING TO A SECTION 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN WERE PAID OR VESTED BY THE FOUNDATION DURING CALENDAR YEAR 2015: DR. JAMES RAMSEY - \$1,212,262; KATHLEEN SMITH - \$263,253; DONALD MILLER - \$228,530. PAYOUTS OF DEFERRED AMOUNTS INCLUDE TAX GROSS-UPS PAID BY THE FOUNDATION PURSUANT TO THE INDIVIDUAL'S EMPLOYMENT CONTRACT WITH THE FOUNDATION. IN ADDITION TO THE ABOVE, DEFERRED COMPENSATION WAS ACCRUED BY THE FOUNDATION ON BEHALF OF THE FOLLOWING INDIVIDUALS DURING THE CALENDAR YEAR: DR. JAMES RAMSEY - \$237,500; KATHLEEN SMITH - \$83,333; THOMAS JURICH - \$678,571. THE COMPENSATION VESTS ON FUTURE DATES PROVIDED THE INDIVIDUALS REMAIN EMPLOYED ON THOSE VESTING DATES.

# Form 990 Schedule O

## Avera Health Governance Structure Description

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

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

Page **2**

Name of the organization

Employer identification number

Use as many continuation sheets of  
Schedule O (Form 990 or 990-EZ) as  
needed.

Identify clearly the specific part and  
line(s) of Form 990 or 990-EZ to which  
each response relates. Follow the part and  
line sequence of Form 990 or 990-EZ.

**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).**2015****Open to Public  
Inspection**Name of the organization  
AVERA HEALTH**Employer identification number**

46-0422673

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The organization has two classes of members Sponsorship Members and System Members Sponsorship Members shall consist collectively of (i) those persons serving from time to time as the President and Council of the Presentation Sisters of the Blessed Virgin Mary of Aberdeen, South Dakota and (ii) those persons serving from time to time as the Prioress and Council of the Benedictine Convent of the Sacred Heart (Yankton, S D ) System Members shall consist of six Sisters- three Presentation Sisters appointed by the Presentation Sponsorship Members and three Benedictine Sisters appointed by the Benedictine Sponsorship Members

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The System Members have the power to appoint the Board of Directors of Avera Health and to suspend or remove a Director at any time, with or without cause They also have the power to appoint Benedictine or Presentation Sisters to the Boards of Directors of any sponsored work or ministry of Avera Health





Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The conflict of interest policy covers board members, officers and key employees. At each board meeting, a request is made for all board members to disclose any potential conflict of interest pertaining to any item listed on the agenda or pertaining to any potential item that could be discussed during the course of the meeting. The declaration of conflict of interest is recorded in the meeting minutes. The board makes a determination of whether there is a conflict of interest and if so, implements the procedure for evaluating the issue or transaction involved. The board member or officer with the conflict must refrain from voting. A statement of conflict of interest disclosure is made on an annual basis by officers and directors. The information is maintained in a database and a report is provided to the board.</p>

# 990 Information Problems

- Jargon
- Inaccuracies by filers
  - Data (information)
  - Interpretation of regulations and instructions
- Bad explanations, especially in Schedule O
- Use of definitions; e.g., AICPA SOP 98-2
  - Now: FASB Accounting Standards Codification 958-720, Not-for-Profit Entities-Other Expenses (ASC 958-720)
- Complexity
- Readers' inexperience or naïveté

# Biggest 990 Mistake

The biggest mistake nonprofits and charities make when completing their Form 990 returns is:

**Missing information!!!**



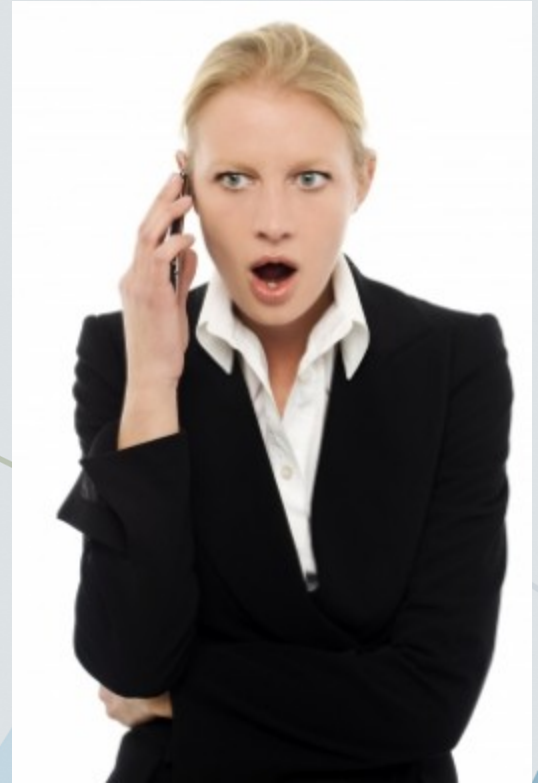
# Examples of Missing Information

- 25% of 990s reporting fundraising income report no fundraising expenses
- Required: Executive compensation for CEO/ED and/or CFO/business manager **(treat as officers)**
- Program service areas
- Related entities
- **Missing schedules**



“In the absence of the facts, people will make up their own story. It will be incomplete, incorrect, and negative.”

*Margaret Sumption*



# Ultimate Goal

- Your Form 990 should tell the same complete, accurate, truthful, and positive story that your website, brochures, advertising, etc. are designed to tell



The more difficult  
the search,  
the more people  
think the  
organization has  
something to hide!



# Thank you for joining us!

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