|  | ~                        |                         | Return of Organization Exempt F  | rom l      | ncomo Tay                    | OMB No. 1545-0047              |
|--|--------------------------|-------------------------|--|------------|------------------------------|--------------------------------|
| Form <b>990</b>  |                          |                         | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue   |            |                              | ns) 2015                       |
|  |                          |                         | Do not enter social security numbers on this form a  | -          |                              |                                |
| Department of the Treasury<br>Internal Revenue Service |                          |                         | Information about Form 990 and its instructions is   | -          | -                            | Open to Public<br>Inspection   |
| A F  | or th                    | e 2015 calend           |  |            | EC 31, 2015                  |                                |
| <b>B</b> c   | heck if                  | C Name of               | organization   | _          | D Employer identifie         | cation number                  |
| a  | oplicab                  |                         |  |            |                              |                                |
|  | Addre                    |                         | HEW HILL FOUNDATION INC  |            |                              |                                |
|  | Name<br>chang            | ge Doing bi             | usiness as   |            | 47-3                         | 673254                         |
| X  | Initial<br>returr        | Number                  |  | Room/suite | E Telephone number           |                                |
|  | Final<br>returr<br>termi | n                       |  | 93         |                              | )698-9406                      |
|  | ated<br>]Amer            | City or to              | own, state or province, country, and ZIP or foreign postal code  |            | G Gross receipts \$          | 1,757,290.                     |
|  | _returr<br>]Appli        |                         | YVILLE, CA 94608   |            | H(a) Is this a group re      |                                |
|  | ⊥tiòn<br>pendi           |                         | nd address of principal officer:NICHOLAS HILL<br>AS C ABOVE  |            | for subordinates             |                                |
| <u> </u>   |                          | empt status:            |  | r 527      | H(b) Are all subordinates in | list. (see instructions)       |
|  |                          |                         | S: //NO-SHAVE.ORG/   |            | H(c) Group exemption         |                                |
|  |                          | f organization:         |  | I Year     |                              | State of legal domicile: DE    |
|  | rt I                     |                         |  | Lioui      |                              | Polato or logar dormono, = =   |
| -  | 1                        |                         | e the organization's mission or most significant activities: $[ THE \ F ]$   | 'OUNDA     | TION IS DEV                  | OTED TO                        |
| Activities & Governance                                |                          | RAÍSING                 | CANCER AWARENESS AND SUPPORTIVE F  | 'UNDS.     |                              |                                |
| erna   | 2                        | Check this bo           | x 🕨 🛄 if the organization discontinued its operations or dispose   | ed of more | than 25% of its net as       | sets.                          |
| 9V0  | 3                        | Number of vot           | ing members of the governing body (Part VI, line 1a)   |            | 3                            | 3                              |
| 8<br>0   | 4                        |                         |  | 0          |                              |                                |
| ies  | 5                        |                         |  |            |                              | 5                              |
| ivit   | 6                        |                         | of volunteers (estimate if necessary)  |            |                              | 5                              |
| Act  |                          |                         | d business revenue from Part VIII, column (C), line 12   |            |                              | 0.                             |
|  | b                        | Net unrelated           | business taxable income from Form 990-T, line 34   | <u></u>    |                              | 0.                             |
|  | •                        |                         |  |            | Prior Year                   | Current Year<br>1,747,462.     |
| anı  | 8                        |                         | and grants (Part VIII, line 1h)  |            |                              | 0.                             |
| Revenue  | 9<br>10                  | •                       | ce revenue (Part VIII, line 2g)  |            |                              | 755.                           |
| Re   | 10<br>11                 |                         | come (Part VIII, column (A), lines 3, 4, and 7d)<br>(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |            |                              | 9,073.                         |
|  | 12                       |                         | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |            |                              | 1,757,290.                     |
|  | 13                       |                         | nilar amounts paid (Part IX, column (A), lines 1-3)  |            |                              | 1,514,600.                     |
|  | 14                       |                         | to or for members (Part IX, column (A), line 4)  |            |                              | 0.                             |
| ş  |                          | -                       |  |            |                              | 92,325.                        |
| Expenses   | 16a                      | Professional fu         | compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>101,32</u> |            |                              | 0.                             |
| xpe  | b                        | Total fundraisi         | ng expenses (Part IX, column (D), line 25) 101, 32   | 5.         |                              |                                |
| ш  | 17                       | Other expense           | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |            |                              | 78,916.                        |
|  | 18                       |                         | s. Add lines 13-17 (must equal Part IX, column (A), line 25)   |            |                              | 1,685,841.                     |
|  | 19                       | Revenue less            | expenses. Subtract line 18 from line 12  |            |                              | 71,449.                        |
| Net Assets or<br>Fund Balances                         |                          |                         |  |            | ginning of Current Year      | End of Year                    |
| sset<br>Bala   | 20                       | Total assets (F         |  |            |                              | 1,587,574.                     |
| et A<br>Ind I  | 21                       |                         | (Part X, line 26)  |            |                              | 1,516,125.                     |
|  | 22<br>rt II              | Net assets or Signature | fund balances. Subtract line 21 from line 20   |            |                              | 71,449.                        |
|  |                          | -                       | declare that I have examined this return, including accompanying schedules   | and statem | ents and to the heet of m    | knowledge and belief, it is    |
|  |                          |                         | Declaration of preparer (other than officer) is based on all information of whi  |            |                              | י ההסישוטעטט מווע טפוופו, וג 3 |
| ,  | 50110                    |                         |  |            |                              |                                |
| 0:   |                          | Signature               | e of officer   |            | Date                         |                                |

| Sign        | olynature of officer   |                           | Dato                    |  |  |  |
|-------------|--|---------------------------|-------------------------|--|--|--|
| Here        | NICHOLAS HILL, PRESIDE   | NT                        |                         |  |  |  |
|             | Type or print name and title   |                           |                         |  |  |  |
|             | Print/Type preparer's name   | Preparer's signature Date | Check PTIN              |  |  |  |
| Paid        | SUSAN GREGGO   |                           | self-employed P00595460 |  |  |  |
| Preparer    | Firm's name 🕨 WARADY & DAVIS L   |                           | Firm's EIN 36-2170602   |  |  |  |
| Use Only    | Firm's address 1717 DEERFIELD R  | D SUITE 300S              |                         |  |  |  |
|             | DEERFIELD, IL 60   | 015                       | Phone no. (847)267-9600 |  |  |  |
| May the II  | May the IRS discuss this return with the preparer shown above? (see instructions)                      |                           |                         |  |  |  |
| 532001 12-1 | 532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015) |                           |                         |  |  |  |

| Form             | 990 (2015) MATTHEW HILL FOUNDATION INC 47-3673254 Page 2  |
|------------------|---|
| Pa               | t 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:<br>MATTHEW HILL FOUNDATION, INC. (THE FOUNDATION) IS A WEB-BASED   |
|                  | NOT-FOR-PROFIT ORGANIZATION DEVOTED TO RAISING CANCER AWARENESS AND   |
|                  | SUPPORTIVE FUNDS BY PUTTING A FUN TWIST ON THE MONTH OF NOVEMBER. THE   |
|                  | GOAL OF THE FOUNDATION IS TO GROW AWARENESS BY EMBRACING OUR HAIR,  |
| 2                | Did the organization undertake any significant program services during the year which were not listed on  |
|                  | the prior Form 990 or 990-EZ? Yes X No  |
| 3                | If "Yes," describe these new services on Schedule O.<br>Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3                | If "Yes," describe these changes on Schedule O.   |
| 4                | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  |
|                  | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                                  |
|                  | revenue, if any, for each program service reported.   |
| 4a               | (Code: ) (Expenses \$ 1,519,216. including grants of \$ 1,514,600.) (Revenue \$ )<br>GROW CANCER AWARENESS BY EMBRACING OUR HAIR, WHICH MANY CANCER PATIENTS                  |
|                  | LOSE, AND LETTING IT GROW WILD AND FREE.  |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
| 4b               | (Code:) (Expenses \$including grants of \$) (Revenue \$)<br>DONATE THE MONEY YOU USUALLY SPEND ON SHAVING AND GROOMING FOR A MONTH  |
|                  | TO EDUCATE ABOUT CANCER PREVENTION, SAVE LIVES, AND AID THOSE FIGHTING  |
|                  | THE BATTLE.   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
| 4c               | (Code:         ) (Expenses \$) (Revenue \$)   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
|                  |   |
| 4d               | Other program services (Describe in Schedule O.)  |
| 4e               | (Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 1,519,216.   |
|                  | Form <b>990</b> (2015)  |
| 53200:<br>12-16- | 2<br>15   |
|                  | 2   |
| 181              | 109 758396 00011770000 2015.04030 MATTHEW HILL FOUNDATION INC 00011771  |

| Form | 990 | (2015) |
|------|-----|--------|

Part IV Checklist of Required Schedules

MATTHEW HILL FOUNDATION INC

|     |  |     | Yes | No       |
|-----|--|-----|-----|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br>If "Yes," complete Schedule A   | 1   | x   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Х   |          |
| 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</i> "Yes," <i>complete Schedule C, Part I</i> | 3   |     | x        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |     | v        |
| _   | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | X        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _   |     | v        |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | X        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |     |     | v        |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _   |     | x        |
| _   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | <u> </u> |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |     | x        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |     |          |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |     |     |          |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10  |     | X        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |     |     |          |
|     | as applicable.   |     |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a |     | x        |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | X        |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X        |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |     |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | X        |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     | v   |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>   | 11f | X   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a | х   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |     |     | v        |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | <u> </u> |
| 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  | 45  |     | v        |
| 10  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |     |     | x        |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     |          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 17  |     | x        |
| 12  | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>   |     |     | <u> </u> |
| 18  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | x        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     | v        |
|     | complete Schedule G. Part III  | 19  | 1   | X        |

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|------|-----|--------|
| ⊦orm | 990 | (2015) |

MATTHEW HILL FOUNDATION INC

Part IV Checklist of Required Schedules (continued)

|     |  |     | Yes | No       |
|-----|--|-----|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Х   |          |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     |     |          |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | X        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |     |     |          |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |     |     | 37       |
|     | Schedule J   | 23  |     | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |     |     |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |     |     | v        |
|     | Schedule K. If "No", go to line 25a  | 24a |     | x        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 04- |     |          |
|     | any tax-exempt bonds?  | 24c |     |          |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |          |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 25a |     | x        |
| h   | transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i><br>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | zəa |     | - 23     |
| b   | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |     |     |          |
|     | Sahadula L Davit L   | 25b |     | x        |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  | 250 |     |          |
| 20  | former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes,"   |     |     |          |
|     | complete Schedule L, Part II   | 26  |     | x        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |     |     |          |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |     |     |          |
|     | of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |     | x        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |     |     |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a |     | Х        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b |     | Х        |
| с   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |     |     |          |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c |     | Х        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |          |
|     | contributions? If "Yes," complete Schedule M   | 30  |     | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |     |     |          |
|     | If "Yes," complete Schedule N, Part I  | 31  |     | X        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |     | 37       |
|     | Schedule N, Part II  | 32  |     | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |     |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | x        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |     |     | x        |
| ~-  | Part V, line 1   | 34  |     | X        |
| 35a | · · · · · · · · · · · · · · · · · · ·  | 35a |     |          |
| a   | 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 pactice 512(b)(12)2 if "Yes," complete Schedule P. Part V. line 2                  | 254 |     |          |
| 26  | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 36  |     | x        |
| 37  | If "Yes," complete Schedule R, Part V, line 2<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 30  |     | <u> </u> |
| 57  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | x        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |     |     | <u> </u> |
|     | Note. All Form 990 filers are required to complete Schedule O  | 38  | х   |          |

Form **990** (2015)

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| Pa      | t V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V  |          |              |        |
|---------|--|----------|--------------|--------|
|         |  |          | Yes          | No     |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  |          |              |        |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |          |              |        |
| с       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |          |              |        |
|         | (gambling) winnings to prize winners?  | 1c       |              |        |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,<br>filed for the calendar year ending with or within the year covered by this return 2a 5  |          |              |        |
|         | ······································   |          | v            |        |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | X            |        |
| 0-      | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)  | 0-       |              | x      |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a<br>or |              |        |
|         | If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>  | 3b       |              |        |
| 48      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 10       |              | x      |
| h       | If "Yes," enter the name of the foreign country:   | 4a       |              | - 23   |
| D       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |              |        |
| 52      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |              | x      |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |              | x      |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |              |        |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |          |              |        |
| 04      | any contributions that were not tax deductible as charitable contributions?  | 6a       |              | x      |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |              |        |
| -       | were not tax deductible?   | 6b       |              |        |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |              |        |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |              | Х      |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |              |        |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |              |        |
|         | to file Form 8282?   | 7c       |              | Х      |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year7d  |          |              |        |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |              | X      |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |              | Х      |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |              |        |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |              |        |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |              |        |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8        |              |        |
| 9       | Sponsoring organizations maintaining donor advised funds.  |          |              |        |
|         | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |              |        |
|         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |              |        |
| 10      | Section 501(c)(7) organizations. Enter:  |          |              |        |
|         | Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b   |          |              |        |
| b<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:   | •        |              |        |
| a       | Gross income from members or shareholders  |          |              |        |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against   | -        |              |        |
| 5       | amounts due or received from them.)  |          |              |        |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |              |        |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |          |              |        |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |              |        |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |              |        |
|         | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |          |              |        |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |              |        |
|         | organization is licensed to issue qualified health plans   |          |              |        |
| с       | Enter the amount of reserves on hand 13c   |          |              |        |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |              | Х      |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      |              |        |
|         |  | Forn     | 1 <b>990</b> | (2015) |

MATTHEW HILL FOUNDATION INC

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| 002000   |
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Form 990 (2015)

| Form | 990 | (2015) | ) |
|------|-----|--------|---|
|------|-----|--------|---|

## MATTHEW HILL FOUNDATION INC

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

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X

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.

| 4.       |  | <b>4</b> -                    | 3            | Yes   | + |
|----------|--|-------------------------------|--------------|-------|---|
| та       | Enter the number of voting members of the governing body at the end of the tax year  | 1a                            | -            |       |   |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |                               |              |       |   |
| <b>b</b> | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  | 44                            | 0            |       |   |
|          | Enter the number of voting members included in line 1a, above, who are independent   | 1b                            | 4            |       |   |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?   |                               | 2            | x     |   |
| 3        | Did the organization delegate control over management duties customarily performed by or under the   | ne direct supervision         |              |       |   |
|          | of officers, directors, or trustees, or key employees to a management company or other person?   |                               | 3            |       |   |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?                | . 4          |       |   |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?                         | . 5          |       |   |
| 6        | Did the organization have members or stockholders?   |                               | . 6          |       |   |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or a  | appoint one or                |              |       |   |
|          | more members of the governing body?  |                               | . 7a         |       | ╉ |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body?   |                               | . 7b         |       |   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |                               |              |       | Τ |
| а        | The governing body?  |                               | . 8a         | Х     | ] |
|          | Each committee with authority to act on behalf of the governing body?  |                               |              |       | J |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read   |                               |              |       | T |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |                               | . 9          |       |   |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal F  |                               |              |       |   |
|          |  |                               |              | Yes   |   |
| 0a       | Did the organization have local chapters, branches, or affiliates?   |                               | 10a          |       |   |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such o   |                               |              |       |   |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  |                               | . 10b        |       |   |
| 1a       | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   |                               | 11a          | X     | T |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                               |              |       | T |
| l2a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                               | 12a          |       | I |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   |                               |              |       | T |
| с        | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>   |                               | 12c          |       |   |
| 13       | Did the organization have a written whistleblower policy?  |                               |              |       | ┫ |
| 14       | Did the organization have a written document retention and destruction policy?   |                               |              |       | ╉ |
| 15       | Did the process for determining compensation of the following persons include a review and approv  |                               |              |       | ╉ |
| 15       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | •                             |              |       |   |
| •        |  |                               | 15a          |       | ł |
|          | The organization's CEO, Executive Director, or top management official   |                               |              |       | ┨ |
| U        | Other officers or key employees of the organization  |                               |              |       | + |
| 16-      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | mont with a                   |              |       | 1 |
| va       |  |                               | 160          |       |   |
| <b>h</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate   |                               | . <u>16a</u> |       | + |
| a        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization the organization t |                               |              |       |   |
|          |  |                               | 16b          |       | l |
| Sec.     | exempt status with respect to such arrangements?   |                               |              |       |   |
|          | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ IL  |                               |              |       |   |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-  | T (Section $501(c)(3)c$ only  |              |       |   |
|          | for public inspection. Indicate how you made these available. Check all that apply   |                               | , availai    |       |   |
|          |  | n in Schedule O)              |              |       |   |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict of interest policy, a | ind finar    | ncial |   |
|          | statements available to the public during the tax year.  |                               |              |       |   |
| 20       | State the name, address, and telephone number of the person who possesses the organization's be CHIP SMITH-CHICAGO TRANSOM PTRS - 847-868-9287   | ooks and records:             |              |       |   |
|          | 840 S. WAUKEGAN RD STE 202, LAKE FOREST, IL 60045  | 5                             |              |       |   |
|          |  |                               |              |       |   |

| 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 (Ď), (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)  | (B)  |   |                       | (0      | C)           |                                 |        | (D)                                    | (E)  | (F)  |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------|--|--|--|
| Name and Title                                       | Average<br>hours per<br>week   | Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              | than<br>is bot                  | h an   | n an compensation<br>ree) from         | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) NICHOLAS HILL                                    | 40.00  |   |                       |         |              |                                 |        |  |  |  |
| PRESIDENT/EXECUTIVE DIRECTOR                         |  | X   |                       | Х       |              |                                 |        | 27,166.                                | 0.   | 0.   |
| (2) ANDREW HILL                                      | 40.00  |   |                       |         |              |                                 |        |  |  |  |
| VP/DIRECTOR OF TECHNOLOGY                            |  | X   |                       | X       |              |                                 |        | 27,166.                                | 0.   | 0.   |
| (3) MONICA HILL<br>SECRETARY/DIRECTOR OF DEVELOPMENT | 40.00  | x   |                       | x       |              |                                 |        | 27,166.                                | 0.   | 0.   |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
|  |  |   |                       |         |              |                                 |        |  |  |  |
| 532007 12-16-15                                      |  | I   |                       |         | I            | I                               | 1      | 1                                      |  | Form <b>990</b> (2015)   |

|                 | 990 (2015) MATTHEW I   |   |                                |                       |         |                                    |                                 |        |  | 47-36  | 573            | 254              | Pa                            | age <b>8</b>   |
|-----------------|--|---|--------------------------------|-----------------------|---------|------------------------------------|---------------------------------|--------|--|--|----------------|------------------|-------------------------------|----------------|
| Par             | t VII Section A. Officers, Directors, Trus   |   | ploy                           | vees                  |         |                                    | ghe                             | st C   |  |  |                |                  |                               |                |
|                 | (A) (B)<br>Name and title Average<br>hours per<br>week<br>(list any  |   |                                |                       | ss per  | ition<br><sup>more</sup><br>rson i | than o<br>is boti<br>pr/trus    | h an   | (D)<br>Reportable<br>compensation<br>from<br>the | <b>(E)</b><br>Reportable<br>compensatio<br>from related<br>organizations |                | other            |                               | of             |
|                 |  | hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee                       | Highest compensated<br>employee | Former | organization<br>(W-2/1099-MISC)                  | (W-2/1099-MIS  |                | fr<br>org<br>and | om the<br>anizati<br>d relate | e<br>ion<br>ed |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
| 1h              | Sub-total  |   |                                |                       |         |                                    |                                 |        | 81,498.  |  | 0.             |                  |                               | 0.             |
|                 | Total from continuation sheets to Part VI  |   |                                |                       |         |                                    |                                 |        | 0.   |  | 0.             |                  |                               | 0.             |
| d<br>2          | Total (add lines 1b and 1c)<br>Total number of individuals (including but n  |   |                                |                       |         |                                    |                                 |        | 81,498.<br>eceived more than \$100               | ),000 of reportabl   | <b>0.</b><br>e |                  |                               | 0.             |
|                 | compensation from the organization   |   |                                |                       |         |                                    |                                 |        |  |  |                |                  | Yes                           | 0<br>No        |
| 3               | Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s                  | uch individual  |                                |                       |         |                                    |                                 |        |  |  |                | 3                |                               | х              |
| 4               | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150                                  | 0,000? If "Yes,   | " co                           | mple                  | ete S   | Sche                               | edule                           | e J f  | for such individual                              |  | 1              | 4                |                               | х              |
| 5<br>Sec        | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors | -   |                                |                       |         | -                                  |                                 |        | -  |  |                | 5                |                               | Х              |
| 1               | Complete this table for your five highest co   |   |                                |                       |         |                                    |                                 |        |  |  | pens           | ation f          | rom                           |                |
|                 | the organization. Report compensation for<br>(A)<br>Name and business  |   |                                |                       |         | vitri                              | or w                            |        | (B)<br>Description of s                          |  |                | (C<br>ompei      |                               | <u> </u>       |
|                 | Name and business  | address   | INC                            | ONE                   | 2       |                                    |                                 |        | Description of s                                 | Services   | 0              | ompei            | ISALIO                        |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 |        |  |  |                |                  |                               |                |
|                 |  |   |                                |                       |         |                                    |                                 | _      |  |  |                |                  |                               |                |
| 2               | Total number of independent contractors (i   | •   | iot lii                        | mite                  | d to    |                                    | se lis<br>)                     | stec   | d above) who received n                          | nore than  |                |                  |                               |                |
| 53200<br>12-16- | \$100,000 of compensation from the organi<br><sup>8</sup> 15   |   |                                |                       |         |                                    | <u>.</u>                        |        |  |  |                | Form             | 990 (2                        | 2015)          |

|  |       |        | /   | HEW HILL         | FOUNDATI           | ON INC                       |  | 47-3673  | 254 Page 9  |
|--|-------|--------|---|------------------|--------------------|------------------------------|--|--|---|
| Pa   | rt V  | (      | Statement of Reve                         | nue              |                    |                              |  |  |   |
|  |       |        | Check if Schedule O cont                  | tains a response | or note to any lir |                              |  |  |   |
|  |       |        |   |                  |                    | ( <b>A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| ts<br>ts   | 1     | а      | Federated campaigns                       | 1a               |                    |                              |  |  |   |
| Contributions, Gifts, Grants and Other Similar Amounts |       |        | Membership dues                           |                  |                    |                              |  |  |   |
| ¶a, G  |       |        | Fundraising events                        |                  |                    |                              |  |  |   |
| ar /   |       |        | Related organizations                     |                  |                    |                              |  |  |   |
| s, G   |       |        | Government grants (contribut              |                  |                    |                              |  |  |   |
| Si   |       |        | All other contributions, gifts, gran      |                  |                    |                              |  |  |   |
| hei  |       | •      | similar amounts not included abo          |                  | 747,462.           |                              |  |  |   |
| Idi  |       | a      | Noncash contributions included in lines   |                  |                    |                              |  |  |   |
| and  |       | ə<br>h | Total. Add lines 1a-1f                    | <u> </u>         |                    | 1,747,462.                   |  |  |   |
|  |       |        |   |                  | Business Code      |                              |  |  |   |
| ø  | 2     | а      |   |                  |                    |                              |  |  |   |
| ovic ا   |       | b      |   |                  |                    |                              |  |  |   |
| Program Service<br>Revenue                             |       | c      |   |                  |                    |                              |  |  |   |
| am   |       | d      |   |                  |                    |                              |  |  |   |
| Bag  |       | e      |   |                  |                    |                              |  |  |   |
| Pre  |       |        | All other program service reve            | enue             |                    |                              |  |  |   |
|  |       |        | Total. Add lines 2a-2f                    |                  |                    |                              |  |  |   |
|  | 3     |        | Investment income (including              |                  |                    |                              |  |  |   |
|  |       |        | other similar amounts)                    |                  |                    | 755.                         |  |  | 755.  |
|  | 4     |        | Income from investment of ta              |                  |                    |                              |  |  |   |
|  | 5     |        | Royalties                                 |                  |                    |                              |  |  |   |
|  |       |        | ,   | (i) Real         | (ii) Personal      |                              |  |  |   |
|  | 6     | а      | Gross rents                               |                  |                    |                              |  |  |   |
|  |       | b      | Less: rental expenses                     |                  |                    |                              |  |  |   |
|  |       |        | Rental income or (loss)                   |                  |                    |                              |  |  |   |
|  |       |        | Net rental income or (loss)               |                  | ▶                  |                              |  |  |   |
|  |       |        | Gross amount from sales of                | (i) Securities   | (ii) Other         |                              |  |  |   |
|  |       |        | assets other than inventory               |                  |                    |                              |  |  |   |
|  |       | b      | Less: cost or other basis                 |                  |                    |                              |  |  |   |
|  |       |        | and sales expenses                        |                  |                    |                              |  |  |   |
|  |       | с      | Gain or (loss)                            |                  |                    |                              |  |  |   |
|  |       |        | Net gain or (loss)                        |                  | <b>&gt;</b>        |                              |  |  |   |
| Other Revenue  | 8     | а      | Gross income from fundraisin including \$ | •                |                    |                              |  |  |   |
| eve  |       |        | contributions reported on line            |                  |                    |                              |  |  |   |
| r B  |       |        | Part IV, line 18                          | ,                |                    |                              |  |  |   |
| the  |       | b      | Less: direct expenses                     |                  |                    |                              |  |  |   |
| 0  |       |        | Net income or (loss) from fund            |                  | ►                  |                              |  |  |   |
|  |       |        | Gross income from gaming ad               |                  |                    |                              |  |  |   |
|  |       |        | Part IV, line 19                          | а                |                    |                              |  |  |   |
|  |       | b      | Less: direct expenses                     | b                |                    |                              |  |  |   |
|  |       | с      | Net income or (loss) from gan             | ning activities  | ►                  |                              |  |  |   |
|  | 10    | а      | Gross sales of inventory, less            | returns          |                    |                              |  |  |   |
|  |       |        | and allowances                            | а                |                    |                              |  |  |   |
|  |       | b      | Less: cost of goods sold                  | b                |                    |                              |  |  |   |
|  |       | С      | Net income or (loss) from sale            | es of inventory  | ►                  |                              |  |  |   |
|  |       |        | Miscellaneous Revenu                      | le               | Business Code      |                              |  |  |   |
|  | 11    | а      | MISCELLANEOUS                             |                  | 900099             | 9,073.                       | 9,073.   |  |   |
|  |       | b      |   |                  |                    |                              |  |  |   |
|  |       | С      |   |                  |                    |                              |  |  |   |
|  |       |        | All other revenue                         |                  |                    |                              |  |  |   |
|  |       | е      | Total. Add lines 11a-11d                  |                  |                    | 9,073.                       | 0 072  | 0  | 766   |
|  | 12    |        | Total revenue. See instructions.          |                  | ►                  | 1,757,290.                   | 9,073.   | 0.   | 755.  |
| 53200  | 9 12- | 16     | -15                                       |                  |                    |                              |  |  | Form <b>990</b> (2015)  |

532009 12-16-15

Part IX Statement of Functional Expenses

MATTHEW HILL FOUNDATION INC

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

| Do     | Check if Schedule O contains a respon-<br>not include amounts reported on lines 6b,   | (A)            | (B)                                     | (C)                             | (D)                     |
|--------|---|----------------|---|---------------------------------|-------------------------|
|        | 8b, 9b, and 10b of Part VIII.   | Total expenses | Program service<br>expenses             | Management and general expenses | Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations   | 1,514,600.     | 1,514,600.                              |                                 |                         |
| ~      | and domestic governments. See Part IV, line 21  | 1,514,000.     | 1,514,000.                              |                                 |                         |
| 2      | Grants and other assistance to domestic   |                |   |                                 |                         |
| _      | individuals. See Part IV, line 22   |                |   |                                 |                         |
| 3      | Grants and other assistance to foreign  |                |   |                                 |                         |
|        | organizations, foreign governments, and foreign   |                |   |                                 |                         |
|        | individuals. See Part IV, lines 15 and 16   |                |   |                                 |                         |
| 4<br>- | Benefits paid to or for members   |                |   |                                 |                         |
| 5      | Compensation of current officers, directors,  | 81,498.        | 4,075.                                  | 36,674.                         | 40,749                  |
| ~      | trustees, and key employees   | 01,490.        | 4,073.                                  | 50,074.                         | 40,749                  |
| 6      | Compensation not included above, to disqualified  |                |   |                                 |                         |
|        | persons (as defined under section $4958(f)(1)$ ) and  |                |   |                                 |                         |
| _      | persons described in section 4958(c)(3)(B)  | 3,449.         | 172.                                    | 1,552.                          | 1,725                   |
| 7      | Other salaries and wages  | 5,449.         | 1/2.                                    | 1,552.                          | 1,725                   |
| 8      | Pension plan accruals and contributions (include  |                |   |                                 |                         |
|        | section 401(k) and 403(b) employer contributions)   |                |   |                                 |                         |
| 9      | Other employee benefits   | 7 270          | 260                                     | 2 2 2 0                         | 2 600                   |
| 0      | Payroll taxes   | 7,378.         | 369.                                    | 3,320.                          | 3,689                   |
| 1      | Fees for services (non-employees):  |                |   |                                 |                         |
| а      | Management  |                |   |                                 |                         |
| b      | Legal   | 1 000          |   | 1 000                           |                         |
|        | Accounting  | 1,000.         |   | 1,000.                          |                         |
|        | Lobbying  |                |   |                                 |                         |
| е      | Professional fundraising services. See Part IV, line 17   |                |   |                                 |                         |
| f      | Investment management fees  |                |   |                                 |                         |
| g      | Other. (If line 11g amount exceeds 10% of line 25,  | 65 041         |   | 10 000                          |                         |
|        | column (A) amount, list line 11g expenses on Sch 0.)  | 65,841.        |   | 12,736.                         | 53,105                  |
| 2      | Advertising and promotion   | 7,578.         |   | 7,578.                          |                         |
| 3      | Office expenses   | 2,440.         |   | 2,440.                          |                         |
| 4      | Information technology  | 2,057.         |   |                                 | 2,057                   |
| 5      | Royalties   |                |   |                                 |                         |
| 6      | Occupancy   |                |   |                                 |                         |
| 7      | Travel  |                |   |                                 |                         |
| 8      | Payments of travel or entertainment expenses  |                |   |                                 |                         |
|        | for any federal, state, or local public officials   |                |   |                                 |                         |
| 9      | Conferences, conventions, and meetings  |                |   |                                 |                         |
| 0      | Interest  |                |   |                                 |                         |
| 1      | Payments to affiliates  |                |   |                                 |                         |
| 2      | Depreciation, depletion, and amortization   |                |   |                                 |                         |
| 3      | Insurance   |                |   |                                 |                         |
| 4      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                |   |                                 |                         |
| а      |   |                |   |                                 |                         |
| b      |   |                |   |                                 |                         |
| c      |   |                |   |                                 |                         |
| d      |   |                |   |                                 |                         |
|        | All other expenses  |                |   |                                 |                         |
| 5      | Total functional expenses. Add lines 1 through 24e  | 1,685,841.     | 1,519,216.                              | 65,300.                         | 101,325                 |
| 6      | 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 $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)  |                |   |                                 |                         |

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Form **990** (2015)

Form 990 (2015)

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## MATTHEW HILL FOUNDATION INC Part X Balance Sheet

47-3673254 Page 11

|               |          | Check if Schedule O contains a response or note to any line in this Part X        |                                 |          |                           |
|---------------|----------|---|---------------------------------|----------|---------------------------|
|               |          |   | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|               | 1        | Cash - non-interest-bearing   |                                 | 1        | 29,907.                   |
|               | 2        | Savings and temporary cash investments  |                                 | 2        | 1,520,668.                |
|               | 3        | Pledges and grants receivable, net  |                                 | 3        | 36,999.                   |
|               | 4        | Accounts receivable, net  |                                 | 4        |                           |
|               | 5        | Loans and other receivables from current and former officers, directors,          |                                 |          |                           |
|               |          | trustees, key employees, and highest compensated employees. Complete              |                                 |          |                           |
|               |          | Part II of Schedule L   |                                 | 5        |                           |
|               | 6        | Loans and other receivables from other disqualified persons (as defined under     |                                 |          |                           |
|               |          | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                 |          |                           |
|               |          | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                 |          |                           |
| sts           |          | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                 | 6        |                           |
| Assets        | 7        | Notes and loans receivable, net   |                                 | 7        |                           |
| 4             | 8        | Inventories for sale or use   |                                 | 8        |                           |
|               | 9        | Prepaid expenses and deferred charges   |                                 | 9        |                           |
|               | 10a      | Land, buildings, and equipment: cost or other                                     |                                 |          |                           |
|               |          | basis. Complete Part VI of Schedule D 10a   |                                 |          |                           |
|               | b        | Less: accumulated depreciation 10b  |                                 | 10c      |                           |
|               | 11       | Investments - publicly traded securities  |                                 | 11       |                           |
|               | 12       | Investments - other securities. See Part IV, line 11                              |                                 | 12       |                           |
|               | 13       | Investments - program-related. See Part IV, line 11                               |                                 | 13       |                           |
|               | 14       | Intangible assets   |                                 | 14       |                           |
|               | 15       | Other assets. See Part IV, line 11  | 0                               | 15       |                           |
|               | 16       | Total assets. Add lines 1 through 15 (must equal line 34)                         | 0.                              | 16       | 1,587,574.                |
|               | 17       | Accounts payable and accrued expenses   |                                 | 17       |                           |
|               | 18       | Grants payable  |                                 | 18       | 1,516,125.                |
|               | 19       | Deferred revenue  |                                 | 19       |                           |
|               | 20       | Tax-exempt bond liabilities   |                                 | 20       |                           |
|               | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                 | 21       |                           |
| Liabilities   | 22       | Loans and other payables to current and former officers, directors, trustees,     |                                 |          |                           |
| bilid         |          | key employees, highest compensated employees, and disqualified persons.           |                                 |          |                           |
| Lia           |          | Complete Part II of Schedule L  |                                 | 22       |                           |
|               | 23<br>24 | Secured mortgages and notes payable to unrelated third parties                    |                                 | 23<br>24 |                           |
|               | 24<br>25 | Unsecured notes and loans payable to unrelated third parties                      |                                 | 24       |                           |
|               | 25       | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                                 |          |                           |
|               |          |   |                                 | 25       |                           |
|               | 26       | Schedule D<br>Total liabilities. Add lines 17 through 25                          | 0.                              | 26       | 1,516,125.                |
|               | 20       | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  |                                 | 20       |                           |
| ŝ             |          | complete lines 27 through 29, and lines 33 and 34.                                |                                 |          |                           |
| nce           | 27       | Unrestricted net assets   |                                 | 27       | 71,449.                   |
| alaı          | 28       | Temporarily restricted net assets   |                                 | 28       |                           |
| dВ            | 29       | Permanently restricted net assets   |                                 | 29       |                           |
| Fund Balances |          | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                                 |          |                           |
| ъ<br>Г        |          | and complete lines 30 through 34.   |                                 |          |                           |
| sts           | 30       | Capital stock or trust principal, or current funds                                |                                 | 30       |                           |
| SSE           | 31       | Paid-in or capital surplus, or land, building, or equipment fund                  |                                 | 31       |                           |
| Net Assets    | 32       | Retained earnings, endowment, accumulated income, or other funds                  |                                 | 32       |                           |
| Ź             | 33       | Total net assets or fund balances   | 0.                              | 33       | 71,449.                   |
|               | 34       | Total liabilities and net assets/fund balances                                    | 0.                              | 34       | 1,587,574.                |
|               |          |   |                                 |          | Form <b>990</b> (2015)    |

Form **990** (2015)

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2015.04030 MATTHEW HILL FOUNDATION INC 00011771

| 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       1, 757, 290.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 685, 841.         3       71, 449.       3       71, 449.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         5       Borned services and use of facilities       5       6         7       Investment expenses       7       7         8       Poiro period adjustments       8       7         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       71, 449.         Part XII       Financial Statements and Reporting       10       71, 449.         Check if Schedule O contains a response or note to any line in this Part XII       1       71, 449.         2a       X       No       1       71, 449.         2a       X       No       1       2a       X         1  |    | 990 (2015) MATTHEW HILL FOUNDATION INC  | 47-3       | 3673254 | Pag | ge <b>12</b> |  |  |  |
|--|----|---|------------|---------|-----|--------------|--|--|--|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 757, 290.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 685, 841.         3       Revenue less expenses. Subtract line 2 from line 1       3       71, 449.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         5       5       6       6       7         6       7       7       8         7       7       8       9       0.         9       0.tet 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))       71, 449.         Part XII       Financial Statements and Reporting       1       71, 449.         7       2       X       1       71, 449.         9       0.teck if Schedule 0 contains a response or note to any line in this Part XII       1       71, 449.         11       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other," explain in Schedule 0.         12       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other," explain in   | Pa | rt XI Reconciliation of Net Assets  |            |         |     |              |  |  |  |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,841.         3       Revenue less expenses. Subtract line 2 from line 1       3       71,449.         4       0.       4       0.         5       Met assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         6       0.       6       6       6         7       8       6       9       0.         8       9.       0.       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       71,449.         Year XII         Check if Schedule O contains a response or note to any line in this Part XII         Yes       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other       2a       X         If 'Yes,' check a box below to indicate whether the financial statements compiled or reviewed by an independent accountar?       2a       X       2a       X         If 'Yes,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X       2b       X       2b       X   |    | Check if Schedule O contains a response or note to any line in this Part XI                                       |            |         |     |              |  |  |  |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       1,685,841.         3       Revenue less expenses. Subtract line 2 from line 1       3       71,449.         4       0.       4       0.         5       Met assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         6       0.       6       6       6         7       8       6       9       0.         8       9.       0.       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       71,449.         Year XII         Check if Schedule O contains a response or note to any line in this Part XII         Yes       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other       2a       X         If 'Yes,' check a box below to indicate whether the financial statements compiled or reviewed by an independent accountar?       2a       X       2a       X         If 'Yes,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X       2b       X       2b       X   |    |   |            |         |     |              |  |  |  |
| 3       Revenue less expenses. Subtract line 2 from line 1       3       71,449.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         5       6       6       7         6       0.nated services and use of facilities       6         7       8       6         7       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       71,449.       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       71,449.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Vere the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       X       Check if Schedule Dasis. Or both:       2a       X         Separate basis.       Consolidated basis       Both consolidated and separate basis.       2b       X         1       Accounting meth   | 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1          |         |     |              |  |  |  |
| 4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       0.         5       5       5         6       Donated services and use of facilities       6         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))       71 , 449 .         Part XII       Financial Statements and Reporting       10       71 , 449 .         Check if Schedule O contains a response or note to any line in this Part XII       Vers       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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       Both consolidated and separate basis, consolidated basis, or both:       2b       X         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:       2b       X         If "Yes," check a box below to indicat  | 2  | 2 Total expenses (must equal Part IX, column (A), line 25) 2  |            |         |     |              |  |  |  |
| <ul> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Investment expenses</li> <li>Prior period adjustments</li> <li>Other changes in net assets or fund balances (explain in Schedule O)</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>Accounting method used to prepare the Form 990: X Cash Accrual Other</li> <li>Accounting method used to prepare the Form 990: Cash Accrual Other</li> <li>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:</li> <li>Separate basis, Consolidated basis O both:</li> <li>Separate basis, Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements and diependent accountant?</li> <li>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:</li> <li>Separate basis, Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization of its financial statements and selection of an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If the organization of its financial statements and selection of an independent accountant?</li> <li>If the organization or the organization nequired to undergo an audit or audits? If the organization in Schedule O.</li> <li>As</li></ul> | 3  | 3 Revenue less expenses. Subtract line 2 from line 1 3  |            |         |     |              |  |  |  |
| 6 Donated services and use of facilities   7 8   8 Prior period adjustments   9 Other changes in net assets or fund balances (explain in Schedule O)   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 71,449.   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   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:   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   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, or both:   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:   If "Yes," to line 2a or 2b, does the organization stand explaint and separate basis   If 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 "Yes," do faredaral award, was the organization required audit or audits? If the organization file Audit   Act and OMB Circular A-133?   b If "Ye   | 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                         | 4          |         |     | 0.           |  |  |  |
| 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       71 , 449 .         Part XII       Financial Statements and Reporting       10       71 , 449 .         Check if Schedule O contains a response or note to any line in this Part XII       10       71 , 449 .         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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.       Dother       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X       2b       X         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:       2b       X       2b       X       2b       X       2b       X       10       10   | 5  | Net unrealized gains (losses) on investments  | 5          |         |     |              |  |  |  |
| 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       71,449.         Part XIII       Financial Statements and Reporting       10       71,449.         Check if Schedule O contains a response or note to any line in this Part XII       10       71,449.         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements and ited by an independent accountant?       2b       X       10       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       both consolidated basis or both:       2b       X       10       2b       X       10       X       10       X       10       X       10       10       10   | 6  | Donated services and use of facilities  | 6          |         |     |              |  |  |  |
| 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       71,449.         Part XII       Financial Statements and Reporting       10       71,449.         Check if Schedule O contains a response or note to any line in this Part XII       10       71,449.         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other, "explain in Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis <t< th=""><td>7</td><td>Investment expenses</td><td>7</td><td></td><td></td><td></td></t<>   | 7  | Investment expenses   | 7          |         |     |              |  |  |  |
| 10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       71,449.         Part XII       Financial Statements and Reporting   | 8  | Prior period adjustments  | 8          |         |     |              |  |  |  |
| column (B)       10       71,449.         Part XII       Financial Statements and Reporting  | 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9          |         |     | 0.           |  |  |  |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: 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:       X       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Defention of the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         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:       2b       X         If "Yes," to line 2 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 process during the tax year, explain in Schedule O.       2c       X         3a       X       b       b       If "Yes," did the organization under  | 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                |            |         |     |              |  |  |  |
| Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X       3a       X </th <td></td> <td>column (B))</td> <td>10</td> <td>71</td> <td>L,4</td> <td>49.</td>  |    | column (B))   | 10         | 71      | L,4 | 49.          |  |  |  |
| 1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other   | Pa | rt XII Financial Statements and Reporting   |            |         |     |              |  |  |  |
| 1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other       Image: Cash in the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         B  |    | Check if Schedule O contains a response or note to any line in this Part XII                                      |            |         |     |              |  |  |  |
| 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 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 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 Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or compilation of its financial statements and selection of an independent accountant? Consolidated basis Consolidated basi           |    |   |            |         | Yes | No           |  |  |  |
| 2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         If "Yes", to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the orga   | 1  | Accounting method used to prepare the Form 990: X Cash Accrual Other  |            | _       |     |              |  |  |  |
| 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:       Image: Consolidated basis  |    |   |            |         |     |              |  |  |  |
| separate basis, consolidated basis, or both:   Separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   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? If the organization did not 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   | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                   |            | 2a      |     | X            |  |  |  |
| <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>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</li> </ul>   |    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed   | d on a     |         |     |              |  |  |  |
| b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       X       Image: Consolidated basis   |    |   |            |         |     |              |  |  |  |
| 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:       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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       If "Yes," check a box below to indicate whether the financial statements and separate basis       If the organization of its financial statements and selection of an independent accountant?       If "Yes," account the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain in Schedule O.       If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       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       If the organization audit is the organization did not undergo the required audit or audits?  |    |   |            |         |     |              |  |  |  |
| consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b  | b  | Were the organization's financial statements audited by an independent accountant?                                |            | 2b      | Х   |              |  |  |  |
| X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated b  |    |   | e basis,   |         |     |              |  |  |  |
| c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       3b   |    |   |            |         |     |              |  |  |  |
| review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.<br><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit<br>Act and OMB Circular A-133?<br><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit<br>or audits, explain why in Schedule O and describe any steps taken to undergo such audits<br><b>3b</b>  |    |   |            |         |     |              |  |  |  |
| 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   | С  |   |            |         |     |              |  |  |  |
| 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       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       3b   |    |   |            | 2c      |     | X            |  |  |  |
| Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b   |    |   |            |         |     |              |  |  |  |
| b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b  | 3a |   | ngle Audi  | t       |     |              |  |  |  |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |    |   |            |         |     | X            |  |  |  |
|  | b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | iired audi | t       |     | 1            |  |  |  |
|  |    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                          |            |         |     | Ĺ            |  |  |  |

Form **990** (2015)

532012 12-16-15

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|  | SCI | HED | ULE | Α |
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|--|-----|-----|-----|---|

| (Form | 990 or | 990- | EΖ |
|-------|--------|------|----|
|-------|--------|------|----|

# 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.

| 2015                         |  |
|------------------------------|--|
| Open to Public<br>Inspection |  |

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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|                                       | ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.Irs.gov/iorm990. |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|---------------------------------------|---|---|----------------------------|---|--------------------|--------------------|------------------------|----------------|--------------------------------------|--|--|--|
|                                       |   |   |                            | OUNDATION IN  |                    |                    |                        | 4              | identification number 7-3673254      |  |  |  |
| Pa                                    | rt I  | Reason for Public   | Charity Status (/          | All organizations must c                              | omplete th         | is part.) Se       | e instruction          | S.             |                                      |  |  |  |
| The                                   | organ   | ization is not a private found  | lation because it is: (    | For lines 1 through 11, o                             | check only         | one box.)          |                        |                |                                      |  |  |  |
| 1                                     |   | A church, convention of ch  | urches, or associatio      | on of churches describe                               | d in <b>sectio</b> | n 170(b)(1         | I)(A)(i).              |                |                                      |  |  |  |
| 2                                     |   | A school described in sect  | ion 170(b)(1)(A)(ii). (    | Attach Schedule E (Forr                               | n 990 or 9         | 90-EZ).)           |                        |                |                                      |  |  |  |
| 3                                     |   | A hospital or a cooperative   | hospital service org       | anization described in <b>s</b>                       | ection 170         | (b)(1)(A)(ii       | ii).                   |                |                                      |  |  |  |
| 4                                     |   | A medical research organiz  | ation operated in co       | njunction with a hospita                              | l described        | d in <b>sectio</b> | n 170(b)(1)(A          | .)(iii). Enter | the hospital's name,                 |  |  |  |
|                                       |   | city, and state:  |                            |   |                    |                    |                        |                |                                      |  |  |  |
| 5                                     |   | An organization operated for  | or the benefit of a co     | llege or university owne                              | d or opera         | ted by a g         | overnmental            | unit descrik   | bed in                               |  |  |  |
|                                       |   | section 170(b)(1)(A)(iv). (C  | Complete Part II.)         |   |                    |                    |                        |                |                                      |  |  |  |
| 6                                     |   | A federal, state, or local go   | vernment or governr        | nental unit described in                              | section 17         | 70(b)(1)(A)        | (v).                   |                |                                      |  |  |  |
| 7                                     | X   | An organization that norma  | Illy receives a substa     | ntial part of its support                             | from a gov         | ernmental          | 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 <b>section 509(a)(2).</b> (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 or  | ganizations describe       | ed in <b>section 509(a)(1)</b> o                      | r section          | 509(a)(2).         | See section            | 509(a)(3). 🤇   | Check the box in                     |  |  |  |
|                                       |   | lines 11a through 11d that  | describes the type o       | of supporting organization                            | n and con          | nplete lines       | s 11e, 11f, an         | d 11g.         |                                      |  |  |  |
| а                                     |   | <b>Type I.</b> A supporting orga  | anization operated, s      | upervised, or controlled                              | by its sup         | ported org         | ganization(s),         | typically by   | ' giving                             |  |  |  |
|                                       |   | the supported organization  | on(s) the power to re      | gularly appoint or elect                              | a majority         | of the dire        | ctors or trust         | ees of the s   | supporting                           |  |  |  |
|                                       |   | _ organization. You must o  | complete Part IV, Se       | ections A and B.                                      |                    |                    |                        |                |                                      |  |  |  |
| b                                     |   | <b>Type II.</b> A supporting org  | anization supervised       | l or controlled in connec                             | tion with it       | s support          | ed organizati          | on(s), by ha   | iving                                |  |  |  |
|                                       |   | control or management o   | of the supporting org      | anization vested in the s                             | ame perso          | ons that co        | ontrol or man          | age the sup    | ported                               |  |  |  |
|                                       | _   | _ organization(s). You mus  | t complete Part IV,        | Sections A and C.                                     |                    |                    |                        |                |                                      |  |  |  |
| c                                     |   | Type III functionally interpretent of the second | grated. A supportin        | g organization operated                               | in connec          | tion with, a       | and functiona          | ally integrat  | ed with,                             |  |  |  |
|                                       | _   | its supported organizatio   | n(s) (see instructions     | s). You must complete                                 | Part IV, Se        | ections A,         | D, and E.              |                |                                      |  |  |  |
| Ċ                                     |   | Type III non-functionally   | y integrated. A supp       | oorting organization oper                             | rated in co        | nnection v         | vith its suppo         | rted organ     | zation(s)                            |  |  |  |
|                                       |   | that is not functionally int  | egrated. The organized     | zation generally must sa                              | tisfy a dist       | ribution re        | quirement an           | d an attent    | iveness                              |  |  |  |
|                                       | _   | requirement (see instruct   | ions). <b>You must cor</b> | nplete Part IV, Section                               | s A and D,         | and Part           | V.                     |                |                                      |  |  |  |
| e                                     |   | Check this box if the orga  | anization received a       | written determination fro                             | om the IRS         | that it is a       | а Туре I, Туре         | e II, Type III |                                      |  |  |  |
|                                       |   | functionally integrated, o  | r Type III non-functio     | nally integrated support                              | ing organi         | zation.            |                        |                |                                      |  |  |  |
|                                       | f Enter the number of supported organizations   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
| <u> </u>                              |   | vide the following information  |                            |   | (iv) Is the o      | ragnization        | (a) Americant o        | functions      | (vi) Amount of                       |  |  |  |
| (i) Name of supported<br>organization |   |   | (ii) EIN                   | (iii) Type of organization<br>(described on lines 1-9 | listed i           | n your             | (v) Amount o<br>suppor | -              | (vi) Amount of<br>other support (see |  |  |  |
| organization                          |   |   |                            | above (see instructions))                             | ÷ •                | document?          | instruct               | -              | instructions)                        |  |  |  |
|                                       |   |   |                            |   | Yes                | No                 |                        |                | ,                                    |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |
|                                       |   |   |                            |   |                    |                    |                        |                |                                      |  |  |  |

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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## Schedule A (Form 990 or 990-EZ) 2015 MATTHEW HILL FOUNDATION INC Part II Support Schedule for Organizations Described in Sections 17

47-3673254 Page 2

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.)

| Se   | ction A. Public Support                      |                       |                      |                          |                          |                       |                 |
|------|--|-----------------------|----------------------|--------------------------|--------------------------|-----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2011              | (b) 2012             | (c) 2013                 | (d) 2014                 | (e) 2015              | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                       |                      |                          |                          |                       |                 |
|      | membership fees received. (Do not            |                       |                      |                          |                          |                       |                 |
|      | include any "unusual grants.")               |                       |                      |                          |                          | 1,747,462.            | 1,747,462.      |
| 2    | Tax revenues levied for the organ-           |                       |                      |                          |                          |                       |                 |
|      | ization's benefit and either paid to         |                       |                      |                          |                          |                       |                 |
|      | or expended on its behalf                    |                       |                      |                          |                          |                       |                 |
| 3    | The value of services or facilities          |                       |                      |                          |                          |                       |                 |
|      | furnished by a governmental unit to          |                       |                      |                          |                          |                       |                 |
|      | the organization without charge $\dots$      |                       |                      |                          |                          |                       |                 |
| 4    | Total. Add lines 1 through 3                 |                       |                      |                          |                          | 1,747,462.            | 1,747,462.      |
| 5    | The portion of total contributions           |                       |                      |                          |                          |                       |                 |
|      | by each person (other than a                 |                       |                      |                          |                          |                       |                 |
|      | governmental unit or publicly                |                       |                      |                          |                          |                       |                 |
|      | supported organization) included             |                       |                      |                          |                          |                       |                 |
|      | on line 1 that exceeds 2% of the             |                       |                      |                          |                          |                       |                 |
|      | amount shown on line 11,                     |                       |                      |                          |                          |                       |                 |
|      | column (f)                                   |                       |                      |                          |                          |                       |                 |
| 6    | Public support. Subtract line 5 from line 4. |                       |                      |                          |                          |                       | 1,747,462.      |
| Se   | ction B. Total Support                       |                       |                      |                          |                          |                       |                 |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2011              | (b) 2012             | (c) 2013                 | (d) 2014                 | (e) 2015              | (f) Total       |
| 7    | Amounts from line 4                          |                       |                      |                          |                          | 1,747,462.            | 1,747,462.      |
| 8    | Gross income from interest,                  |                       |                      |                          |                          |                       |                 |
|      | dividends, payments received on              |                       |                      |                          |                          |                       |                 |
|      | securities loans, rents, royalties           |                       |                      |                          |                          |                       |                 |
|      | and income from similar sources $\dots$      |                       |                      |                          |                          | 755.                  | 755.            |
| 9    | Net income from unrelated business           |                       |                      |                          |                          |                       |                 |
|      | activities, whether or not the               |                       |                      |                          |                          |                       |                 |
|      | business is regularly carried on             |                       |                      |                          |                          |                       |                 |
| 10   | Other income. Do not include gain            |                       |                      |                          |                          |                       |                 |
|      | or loss from the sale of capital             |                       |                      |                          |                          |                       |                 |
|      | assets (Explain in Part VI.)                 |                       |                      |                          |                          |                       |                 |
| 11   | Total support. Add lines 7 through 10        |                       |                      |                          |                          |                       | 1,748,217.      |
| 12   | Gross receipts from related activities,      | , etc. (see instructi | ions)                |                          |                          | 12                    | 9,073.          |
| 13   | First five years. If the Form 990 is for     | r the organization'   | s first, second, thi | rd, fourth, or fifth t   | tax year as a sectio     | on 501(c)(3)          |                 |
|      | organization, check this box and stop        |                       |                      |                          |                          |                       | ► <u>X</u>      |
| Se   | ction C. Computation of Publ                 | ic Support Pe         | ercentage            |                          |                          |                       |                 |
|      | Public support percentage for 2015 (         |                       |                      |                          |                          | 14                    | %               |
|      | Public support percentage from 2014          |                       |                      |                          |                          | 15                    | %               |
| 16a  | 33 1/3% support test - 2015. If the o        | -                     |                      |                          |                          |                       |                 |
|      | stop here. The organization qualifies        |                       |                      |                          |                          |                       |                 |
| b    | 33 1/3% support test - 2014. If the o        |                       |                      |                          |                          |                       |                 |
|      | and <b>stop here.</b> The organization qual  |                       |                      |                          |                          |                       |                 |
| 17a  | 10% -facts-and-circumstances tes             |                       |                      |                          |                          |                       |                 |
|      | and if the organization meets the "fac       | sts-and-circumstar    | nces" test, check t  | this box and <b>stop</b> | here. Explain in Pa      | art VI how the organi | zation          |
|      | meets the "facts-and-circumstances"          | •                     | •                    |                          | •                        |                       |                 |
| b    | 10% -facts-and-circumstances tes             | t - 2014. If the org  | ganization did not   | check a box on lin       | ne 13, 16a, 16b, or      | 17a, and line 15 is 1 | 0% or           |
|      | more, and if the organization meets the      | ne "facts-and-circu   | umstances" test, o   | check this box and       | <b>stop here.</b> Explai | n in Part VI how the  |                 |
|      | organization meets the "facts-and-cire       |                       |                      |                          |                          |                       |                 |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16   | 6a, 16b, 17a, or 17      |                          |                       |                 |
|      |  |                       |                      |                          | Sch                      | edule A (Form 990 o   | or 990-EZ) 2015 |

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## Schedule A (Form 990 or 990 EZ) 2015 MATTHEW HILL FOUNDATION INC 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.)

| Se   | ction A. Public Support  |                    |                    |                    |                     |                       |           |
|------|--|--------------------|--------------------|--------------------|---------------------|-----------------------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2011    | <b>(b)</b> 2012    | (c) 2013           | (d) 2014            | (e) 2015              | (f) Total |
| 1    | Gifts, grants, contributions, and  |                    |                    |                    |                     |                       |           |
|      | membership fees received. (Do not  |                    |                    |                    |                     |                       |           |
|      | include any "unusual grants.")   |                    |                    |                    |                     |                       |           |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                    |                    |                    |                     |                       |           |
| 3    | Gross receipts from activities that  |                    |                    |                    |                     |                       |           |
|      | are not an unrelated trade or bus-   |                    |                    |                    |                     |                       |           |
|      | iness under section 513  |                    |                    |                    |                     |                       |           |
| 4    | Tax revenues levied for the organ-   |                    |                    |                    |                     |                       |           |
|      | ization's benefit and either paid to   |                    |                    |                    |                     |                       |           |
|      | or expended on its behalf  |                    |                    |                    |                     |                       |           |
| 5    | The value of services or facilities  |                    |                    |                    |                     |                       |           |
|      | furnished by a governmental unit to  |                    |                    |                    |                     |                       |           |
|      | the organization without charge  |                    |                    |                    |                     |                       |           |
| 6    | Total. Add lines 1 through 5   |                    |                    |                    |                     |                       |           |
| 7a   | Amounts included on lines 1, 2, and  |                    |                    |                    |                     |                       |           |
|      | 3 received from disqualified persons   |                    |                    |                    |                     |                       |           |
| t    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                    |                    |                    |                     |                       |           |
| c    | Add lines 7a and 7b  |                    |                    |                    |                     |                       |           |
|      | Public support. (Subtract line 7c from line 6.)  |                    |                    |                    |                     |                       |           |
|      | ction B. Total Support   |                    |                    |                    |                     |                       |           |
| Cale | endar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2011    | (b) 2012           | (c) 2013           | (d) 2014            | (e) 2015              | (f) Total |
|      | Amounts from line 6  |                    |                    |                    |                     |                       |           |
| 10a  | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |                    |                    |                    |                     |                       |           |
| k    | Unrelated business taxable income  |                    |                    |                    |                     |                       |           |
|      | (less section 511 taxes) from businesses   |                    |                    |                    |                     |                       |           |
|      | acquired after June 30, 1975   |                    |                    |                    |                     |                       |           |
|      | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                          |                    |                    |                    |                     |                       |           |
|      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                    |                    |                    |                     |                       |           |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   | the exercit in the |                    | المعالم المراجع    |                     | E01(-)(2)             |           |
| 14   | First five years. If the Form 990 is for   | U U                |                    |                    |                     | on our (c)(o) organiz |           |
| Se   | check this box and stop here   | ic Support Pe      |                    |                    |                     |                       |           |
| -    | Public support percentage for 2015 (   |                    |                    | column (f))        |                     | 15                    | %         |
|      | Public support percentage from 2014  |                    |                    |                    |                     | 16                    | %<br>%    |
|      | ction D. Computation of Inves  |                    |                    |                    |                     |                       | /0        |
|      | Investment income percentage for 20  |                    |                    |                    |                     | 17                    | %         |
|      | Investment income percentage from 2  |                    |                    |                    |                     | 18                    | %<br>%    |
|      | a 33 1/3% support tests - 2015. If the   |                    |                    | on line 14 and lin |                     |                       |           |
| 1.50 | more than 33 1/3%, check this box a  |                    |                    |                    |                     |                       |           |
| k    | <b>33 1/3% support tests - 2014.</b> If the line 18 is not more than 33 1/3%, che  | organization did n | not check a box or | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%,     |           |
| 20   | Private foundation. If the organization  |                    |                    |                    |                     |                       |           |
|      | 23 09-23-15  |                    |                    | , ,                |                     | edule A (Form 990     |           |
|      |  |                    |                    | 15                 |                     |                       | ,         |
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## Schedule A (Form 990 or 990-EZ) 2015 MATTHEW HILL FOUNDATION INC

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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|        |   |          | Yes    | No   |
|--------|---|----------|--------|------|
| 44     | Here the examination eccentric a gift or contribution from any of the following persons?  |          | 165    | NU   |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |          |        |      |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                    |          |        |      |
| _      | below, the governing body of a supported organization?  | 11a      |        |      |
|        | A family member of a person described in (a) above?   | 11b      |        |      |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.           | 11c      |        |      |
| Sec    | tion B. Type I Supporting Organizations   |          |        |      |
|        |   |          | Yes    | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                             |          |        |      |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the              |          |        |      |
|        | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                   |          |        |      |
|        | controlled the organization's activities. If the organization had more than one supported organization,                         |          |        |      |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                       |          |        |      |
|        | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                          | 1        |        |      |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                             |          |        |      |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                      |          |        |      |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                     |          |        |      |
|        | supervised, or controlled the supporting organization.  | 2        |        |      |
| Sec    | tion C. Type II Supporting Organizations  | _        |        |      |
|        |   |          | Yes    | No   |
| 4      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                |          | 163    |      |
| 1      | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control            |          |        |      |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                          |          |        |      |
|        | the supported organization(s).  |          |        |      |
| 800    | tion D. All Type III Supporting Organizations   | 1        |        |      |
| Sec    | tion D. An Type in Supporting Organizations   |          | V.     | NI - |
|        |   |          | Yes    | No   |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                  |          |        |      |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax           |          |        |      |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the          |          |        |      |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?                | 1        |        |      |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                |          |        |      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how              |          |        |      |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).                     | 2        |        |      |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                           |          |        |      |
|        | significant voice in the organization's investment policies and in directing the use of the organization's                      |          |        |      |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                    |          |        |      |
|        | supported organizations played in this regard.  | 3        |        |      |
| Sec    | tion E. Type III Functionally-Integrated Supporting Organizations   |          |        |      |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): |          |        |      |
| а      | The organization satisfied the Activities Test. Complete line 2 below.  |          |        |      |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.                                   |          |        |      |
| с      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti          | uctions  | ).     |      |
| 2      | Activities Test. Answer (a) and (b) below.  |          | Yes    | No   |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of              |          |        |      |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>               |          |        |      |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,                        |          |        |      |
|        | how the organization was responsive to those supported organizations, and how the organization determined                       |          |        |      |
|        | that these activities constituted substantially all of its activities.  | 2a       |        |      |
| h      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more             | Za       |        |      |
| D.     |   |          |        |      |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the             |          |        |      |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                          | 0        |        |      |
| ~      | activities but for the organization's involvement.  | 2b       |        |      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.  |          |        |      |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                     |          |        |      |
|        | trustees of each of the supported organizations? Provide details in <i>Part VI.</i>   | 3a       |        |      |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each             |          |        |      |
|        | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.        | 3b       |        |      |
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|        |   |          |        |      |

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## Schedule A (Form 990 or 990-EZ) 2015 MATTHEW HILL FOUNDATION INC

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income  |           | (A) Prior Year              | (B) Current Year<br>(optional) |
|------|--|-----------|-----------------------------|--------------------------------|
| 1    | Net short-term capital gain  | 1         |                             |                                |
| 2    | Recoveries of prior-year distributions   | 2         |                             |                                |
| 3    | Other gross income (see instructions)  | 3         |                             |                                |
| 4    | Add lines 1 through 3  | 4         |                             |                                |
| 5    | Depreciation and depletion   | 5         |                             |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |           |                             |                                |
|      | collection of gross income or for management, conservation, or                 |           |                             |                                |
|      | maintenance of property held for production of income (see instructions)       | 6         |                             |                                |
| 7    | Other expenses (see instructions)  | 7         |                             |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)                    | 8         |                             |                                |
| Sect | ion B - Minimum Asset Amount   |           | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |           |                             |                                |
|      | instructions for short tax year or assets held for part of year):              |           |                             |                                |
| а    | Average monthly value of securities  | 1a        |                             |                                |
| b    | Average monthly cash balances  | 1b        |                             |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c        |                             |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d        |                             |                                |
| е    | Discount claimed for blockage or other   |           |                             |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |           |                             |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2         |                             |                                |
| 3    | Subtract line 2 from line 1d   | 3         |                             |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |           |                             |                                |
|      | see instructions).   | 4         |                             |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5         |                             |                                |
| 6    | Multiply line 5 by .035  | 6         |                             |                                |
| 7    | Recoveries of prior-year distributions   | 7         |                             |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8         |                             |                                |
| Sect | ion C - Distributable Amount   |           |                             | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                             |                                |
| 2    | Enter 85% of line 1  | 2         |                             |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                             |                                |
| 4    | Enter greater of line 2 or line 3  | 4         |                             |                                |
| 5    | Income tax imposed in prior year   | 5         |                             |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |           |                             |                                |
|      | emergency temporary reduction (see instructions)                               | 6         |                             |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | v-inteara | ated Type III supporting or | anization (see                 |

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

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| Pa   | t V Type III Non-Functionally Integrated 509                      | (a)(3) Supporting Orga        | anizations (continued)                 |   |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions   |                               |  | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe         |                               |  |   |
| 2    | Amounts paid to perform activity that directly furthers exemption | pt purposes of supported      |  |   |
|      | organizations, in excess of income from activity                  |                               |  |   |
| 3    | Administrative expenses paid to accomplish exempt purpos          | es of supported organization  | IS                                     |   |
| _4   | Amounts paid to acquire exempt-use assets                         |                               |  |   |
| _5   | Qualified set-aside amounts (prior IRS approval required)         |                               |  |   |
| 6    | Other distributions (describe in Part VI). See instructions.      |                               |  |   |
| 7    | Total annual distributions. Add lines 1 through 6.                |                               |  |   |
| 8    | Distributions to attentive supported organizations to which t     | he organization is responsive | e                                      |   |
|      | (provide details in <b>Part VI</b> ). See instructions.           |                               |  |   |
| 9    | Distributable amount for 2015 from Section C, line 6              |                               |  |   |
| 10   | Line 8 amount divided by Line 9 amount                            | 1                             |  |   |
| Sect | ion E - Distribution Allocations (see instructions)               | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1    | Distributable amount for 2015 from Section C, line 6              |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2015               |                               |  |   |
|      | (reasonable cause required-see instructions)                      |                               |  |   |
| 3    | Excess distributions carryover, if any, to 2015:                  |                               |  |   |
| а    |   |                               |  |   |
| b    |   |                               |  |   |
| C    |   |                               |  |   |
| d    | From 2013   |                               |  |   |
| e    | From 2014   |                               |  |   |
| f    | Total of lines 3a through e                                       |                               |  |   |
| g    | Applied to underdistributions of prior years                      |                               |  |   |
| h    | Applied to 2015 distributable amount                              |                               |  |   |
| i    | Carryover from 2010 not applied (see instructions)                |                               |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                 |                               |  |   |
| 4    | Distributions for 2015 from Section D,                            |                               |  |   |
|      | line 7: \$  |                               |  |   |
|      | Applied to underdistributions of prior years                      |                               |  |   |
|      | Applied to 2015 distributable amount                              |                               |  |   |
|      | Remainder. Subtract lines 4a and 4b from 4.                       |                               |  |   |
| 5    | Remaining underdistributions for years prior to 2015, if          |                               |  |   |
|      | any. Subtract lines 3g and 4a from line 2 (if amount              |                               |  |   |
|      | greater than zero, see instructions).                             |                               |  |   |
| 6    | Remaining underdistributions for 2015. Subtract lines 3h          |                               |  |   |
|      | and 4b from line 1 (if amount greater than zero, see              |                               |  |   |
|      | instructions).  |                               |  |   |
| 7    | Excess distributions carryover to 2016. Add lines 3j              |                               |  |   |
|      | and 4c.   |                               |  |   |
| 8    | Breakdown of line 7:  |                               |  |   |
| a    |   |                               |  |   |
| b    | F ( 0040  |                               |  |   |
| -    | Excess from 2013  |                               |  |   |
|      | Excess from 2014  |                               |  |   |
| e    | Excess from 2015  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

10181109 758396 00011770000 2015.04030 MATTHEW HILL FOUNDATION INC 00011771

| Schedule A (Form 990 or 990-EZ) 2015 | MATTHEW HI | ILL FOUNDA | TION INC |
|--------------------------------------|------------|------------|----------|
|--------------------------------------|------------|------------|----------|

47-3673254 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### PART II, SHORT YEAR EXPLANATION:

Part VI

### IS THE FOUNDATION'S INITIAL RETURN FROM ITS INCORPORATION DATE THIS

THROUGH THE END OF ITS FISCAL YEAR.

10181109 758396 00011770000

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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



| Name | e of the organization<br>MATTHEW HILL FOUNDATION INC   | Employer identification number $47 - 3673254$ |
|------|--|---|
| Par  |  |   |
|      | organization answered "Yes" on Form 990, Part IV, line 6.  |   |
|      | (a) Donor advised funds  | (b) Funds and other accounts                  |
| 1    | Total number at end of year  |   |
| 2    | Aggregate value of contributions to (during year)  |   |
| 3    | Aggregate value of grants from (during year)   |   |
| 4    | Aggregate value of grants norm (during year)   |   |
| 5    | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised f       | unds  |
| Ŭ    | are the organization's property, subject to the organization's exclusive legal control?                            |   |
| 6    | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use        |   |
| •    | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose con        |   |
|      | impermissible private benefit?   | š — —   |
| Par  | t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part                         |   |
| 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)  | ally important land area                      |
|      | Protection of natural habitat  | • •   |
|      | Preservation of open space   |   |
| 2    | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a       | conservation easement on the last             |
|      | day of the tax year.   | Held at the End of the Tax Year               |
| а    | Total number of conservation easements   | 2a  |
| b    | Total acreage restricted by conservation easements   |   |
| с    | Number of conservation easements on a certified historic structure included in (a)                                 |   |
| d    | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure           |   |
|      | listed in the National Register  | 2d  |
| 3    | Number of conservation easements modified, transferred, released, extinguished, or terminated by the org           | anization during the tax                      |
|      | year 🕨   |   |
| 4    | Number of states where property subject to conservation easement is located  |   |
| 5    | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of             |   |
|      | violations, and enforcement of the conservation easements it holds?  | Yes No  |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserv         | ation easements during the year               |
|      | ▶  |   |
| 7    | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation          | easements during the year                     |
|      | ▶\$  |   |
| 8    | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4           | l)(B)(i)                                      |
|      | and section 170(h)(4)(B)(ii)?  | YesNo   |
| 9    | In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta          | tement, 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.  |   |
| Par  | t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe                                  | er Similar Assets.                            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  |   |
| 1a   | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement         |   |
|      | 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         |   |
|      | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public     | service, provide the following amounts        |
|      | relating to these items:   |   |
|      | (i) Revenue included on Form 990, Part VIII, line 1  |   |
|      | (ii) Assets included in Form 990, Part X   |   |
| 2    | If the organization received or held works of art, historical treasures, or other similar assets for financial gai | n, provide                                    |
|      | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:                    |   |
| a    | Revenue included on Form 990, Part VIII, line 1  |   |
|      | Assets included in Form 990, Part X  |   |
| LHA  | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | Schedule D (Form 990) 2015                    |

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10181109 758396 00011770000

532051 11-02-15

2015.04030 MATTHEW HILL FOUNDATION INC 00011771

| Sche     | dule D (Form 990) 2015 MATTHEW                        | HILL FOUN             | DATI         | ON INC         | 1              |              |                     | 47-36       | 73254      | 1 Pa     | age <b>2</b> |
|----------|---|-----------------------|--------------|----------------|----------------|--------------|---------------------|-------------|------------|----------|--------------|
| Par      | t III Organizations Maintaining C                     | collections of A      | rt, Hist     | torical Tr     | easures, o     | or Othe      | r Simila            | ar Asse     | ts(contin  | ued)     |              |
| 3        | Using the organization's acquisition, accessi         | on, and other record  | ds, check    | k any of the   | following that | at are a sig | nificant            | use of its  | collectior | n item   | s            |
|          | (check all that apply):                               |                       |              |                |                |              |                     |             |            |          |              |
| а        | Public exhibition                                     | c                     | ו <u>∟</u> ו | Loan or exc    | hange progra   | ams          |                     |             |            |          |              |
| b        | Scholarly research                                    | e                     |              | Other          |                |              |                     |             |            |          |              |
| с        | Preservation for future generations                   |                       |              |                |                |              |                     |             |            |          |              |
| 4        | Provide a description of the organization's co        | ollections and explai | in how th    | ney further t  | he organizati  | ion's exerr  | npt purpo           | ose in Par  | t XIII.    |          |              |
| 5        | During the year, did the organization solicit of      | r receive donations   | of art, his  | storical trea  | asures, or oth | er similar a | assets              |             | _          |          | _            |
|          | to be sold to raise funds rather than to be ma        |                       |              |                |                |              |                     |             | Yes        |          | No           |
| Par      | <b>t IV</b> Escrow and Custodial Arran                |                       | ete if the   | organizatio    | on answered    | "Yes" on F   | orm 990             | ), Part IV, | line 9, or |          |              |
|          | reported an amount on Form 990, Pa                    |                       | diam ( fau   |                |                |              |                     |             |            |          |              |
| 1a       | Is the organization an agent, trustee, custod         |                       | •            |                |                |              |                     |             |            |          | 1            |
| <b>b</b> | on Form 990, Part X?                                  |                       |              |                |                |              |                     | ······ ∟    | Yes        |          | No           |
| D        | If "Yes," explain the arrangement in Part XIII        | and complete the id   | bilowing t   | able:          |                |              |                     |             | Amount     |          |              |
| •        | Paginning balance                                     |                       |              |                |                |              | 10                  |             | Amount     |          |              |
|          | Beginning balance                                     |                       |              |                |                |              |                     |             |            |          |              |
|          | Additions during the year                             |                       |              |                |                |              |                     |             |            |          |              |
|          | Distributions during the year<br>Ending balance       |                       |              |                |                |              |                     |             |            |          |              |
|          | Did the organization include an amount on F           |                       |              |                |                |              |                     |             | Yes        |          | No           |
|          | If "Yes," explain the arrangement in Part XIII.       |                       |              |                |                |              | • • • • • • • • • • | ······      |            |          | ]            |
| Par      |   |                       |              |                |                |              |                     |             |            |          |              |
|          |   | (a) Current year      |              | rior year      | (c) Two yea    |              |                     | ears back   | (e) Four   | vears    | back         |
| 1a       | Beginning of year balance                             | (-,                   | (-7)         | , <b>,</b>     |                |              | - <b>,</b> ,        |             | (-)        | <u> </u> |              |
|          | Contributions   |                       |              |                |                |              |                     |             |            |          |              |
|          | Net investment earnings, gains, and losses            |                       |              |                |                |              |                     |             |            |          |              |
|          | Grants or scholarships                                |                       |              |                |                |              |                     |             |            |          |              |
|          | Other expenditures for facilities                     |                       |              |                |                |              |                     |             |            |          |              |
|          | and programs  |                       |              |                |                |              |                     |             |            |          |              |
| f        | Administrative expenses                               |                       |              |                |                |              |                     |             |            |          |              |
|          | End of year balance                                   |                       |              |                |                |              |                     |             |            |          |              |
| 2        | Provide the estimated percentage of the cur           | rent year end baland  | ce (line 1   | g, column (a   | a)) held as:   |              |                     |             |            |          |              |
| а        | Board designated or quasi-endowment                   |                       | %            |                |                |              |                     |             |            |          |              |
|          | Permanent endowment                                   | %                     |              |                |                |              |                     |             |            |          |              |
| с        | Temporarily restricted endowment                      | %                     |              |                |                |              |                     |             |            |          |              |
|          | The percentages on lines 2a, 2b, and 2c sho           | uld equal 100%.       |              |                |                |              |                     |             |            |          |              |
| 3a       | Are there endowment funds not in the posse            | ession of the organiz | ation tha    | at are held a  | and administe  | ered for th  | e organiz           | ation       |            |          |              |
|          | by:   |                       |              |                |                |              |                     |             | [          | Yes      | No           |
|          | (i) unrelated organizations                           |                       |              |                |                |              |                     |             | 3a(i)      |          |              |
|          | (ii) related organizations                            |                       |              |                |                |              |                     |             |            |          |              |
| b        | If "Yes" on line 3a(ii), are the related organization |                       |              |                |                |              |                     |             |            |          |              |
|          | Describe in Part XIII the intended uses of the        |                       | owment f     | funds.         |                |              |                     |             |            |          |              |
| Par      | t VI Land, Buildings, and Equipm                      | nent.                 |              |                |                |              |                     |             |            |          |              |
|          | Complete if the organization answere                  | d "Yes" on Form 99    | 0, Part IV   | /, line 11a. S | See Form 990   | ), Part X, I | ine 10.             |             |            |          |              |
|          | Description of property                               | (a) Cost or c         |              | (b) Cost       | t or other     |              | cumulate            | d           | (d) Book   | value    | е            |
|          |   | basis (investr        | ment)        | basis          | (other)        | depi         | reciation           |             |            |          |              |
| 1a       | Land  |                       |              |                |                |              |                     |             |            |          |              |
|          | Buildings   |                       |              |                |                |              |                     |             |            |          |              |
| с        | Leasehold improvements                                |                       |              |                |                |              |                     |             |            |          |              |
| d        | Equipment   |                       |              |                |                |              |                     |             |            |          |              |
|          | Other   |                       |              |                |                |              |                     |             |            |          |              |
| Tota     | . Add lines 1a through 1e. (Column (d) must e         | qual Form 990, Part   | X, colun     | nn (B), line 1 | 10c.)          |              |                     |             |            |          | 0.           |
|          |   |                       |              |                |                |              | :                   | Schedule    | D (Form    | 990)     | 2015         |

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(b) Book value

| Part VII Investments - Other Securities.                             |                            |   |
|--|----------------------------|---|
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.                       |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives  |                            |   |
| (2) Closely-held equity interests                                    |                            |   |
| (3) Other  |                            |   |
| (A)  |                            |   |
| (B)  |                            |   |
| (C)  |                            |   |
| (D)  |                            |   |
| (E)  |                            |   |
| (F)  |                            |   |
| (G)  |                            |   |
| (H)  |                            |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |   |
| Part VIII Investments - Program Related.                             |                            |   |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.                       |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or end-of-year market value |
| (1)  |                            |   |
| (2)  |                            |   |
| (3)  |                            |   |
| (4)  |                            |   |
| (5)  |                            |   |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description

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

| organization's liabilit | y for uncertain tax | positions under F | IN 48 (ASC 740) | . Check here if the text of the | footnote has been | provided in Part XIII | X    |
|-------------------------|---------------------|-------------------|-----------------|---------------------------------|-------------------|-----------------------|------|
|                         |                     |                   |                 |                                 | Sche              | edule D (Form 990)    | 2015 |

►

### 532053 09-21-15

2.

(6) (7) (8) (9)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part X

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

1.

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(a) Description of liability

Other Liabilities.

(1) Federal income taxes

Part IX Other Assets.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(b) Book value

2015.04030 MATTHEW HILL FOUNDATION INC 00011771

| Sche | dule D (Form 990) 2015 MATTHEW HILL FOUNDATION IN  | IC              | 47-3          | 3673254 Page 4 |
|------|--|-----------------|---------------|----------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Statem  | ents With Rever | ue per Return | ) <b>.</b>     |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                               | 1.              |               |                |
| 1    | Total revenue, gains, and other support per audited financial statements                                 |                 | 1             | 1,757,290.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |                 |               |                |
| а    | Net unrealized gains (losses) on investments   | 2a              |               |                |
| b    | Donated services and use of facilities   | 2b              |               |                |
| с    | Recoveries of prior year grants  | 2c              |               |                |
| d    | Other (Describe in Part XIII.)   | 2d              |               |                |
| е    | Add lines 2a through 2d  |                 | 2e            | 0.             |
| 3    | Subtract line 2e from line 1   |                 |               | 1,757,290.     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |                 |               |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   | . 4a            |               |                |
| b    | Other (Describe in Part XIII.)   | 4b              |               | _              |
| с    | Add lines <b>4a</b> and <b>4b</b>  |                 |               | 0.             |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                          |                 |               | 1,757,290.     |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statem   | •               | nses per Retu | rn.            |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                               |                 | r             |                |
| 1    | Total expenses and losses per audited financial statements   |                 | 1             | 1,685,841.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                 |               |                |
| а    | Donated services and use of facilities   | 2a              |               |                |
| b    | Prior year adjustments   |                 |               |                |
| С    | Other losses   |                 |               |                |
| d    | Other (Describe in Part XIII.)   |                 |               | 0              |
| е    | Add lines 2a through 2d  |                 |               | 0.             |
| 3    | Subtract line 2e from line 1   |                 |               | 1,685,841.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                       |                 |               |                |
|      | Investment expenses not included on Form 990, Part VIII, line 7b   |                 |               |                |
| b    | Other (Describe in Part XIII.)   | 4b              |               | •              |
| С    | Add lines 4a and 4b  |                 |               | 0.             |
| 5    | Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ) |                 |               | 1,685,841.     |
| Pa   | rt 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 X, LINE 2:

| THE FOUNDATION HAS ADOPTED THE GUIDANCE IN THE FASB CODIFICATION TOPIC     |
|--|
| RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE    |
| MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE         |
| FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE FOUNDATION HAS TAKEN |
| OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE FOUNDATION  |
| MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS |
| "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS TECHNICAL      |
| MERITS. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH  |
| A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A      |
| GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT     |
| WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. |
| 532054<br>09-21-15 Schedule D (Form 990) 2015<br>28                        |
| 0181109 758396 00011770000 2015.04030 MATTHEW HILL FOUNDATION INC 00011771 |

Part XIII Supplemental Information (continued)

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS

TAKEN ON ITS RETURNS.

Schedule D (Form 990) 2015

10181109 758396 00011770000

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service  | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.<br>► Attach to Form 990.<br>► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. |                                  |                          |  |   |  |   |  |  |
|---|--|----------------------------------|--------------------------|--|---|--|---|--|--|
| Name of the organization  |  |                                  | <u> </u>                 |  |   |  | Employer identification number  |  |  |
| MATTHEW H   |  | DATION INC                       |                          |  |   |  | 47-3673254  |  |  |
| Does the organization maintain records<br>criteria used to award the grants or assi     Describe in Part IV the organization's pre-<br>Part II Grants and Other Assistance to | to substantiate th<br>stance?<br>ocedures for moni   | toring the use of grant          | funds in the United      | d States.                                |   | · · · · · · · · · · · · · · · · · · ·  | X Yes No  |  |  |
| recipient that received more than   | -  |                                  |                          |  | anization answered  | res on Form 990, Fan                   | try, line 21, lor any   |  |  |
| <b>1 (a)</b> Name and address of organization or government   | (b) EIN  | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |
| ST. JUDE CHILDREN'S RESEARCH<br>HOSPITAL - 501 ST JUDE PLACE -<br>MEMPHIS, TN 38105   | 62-0646012   | 501(C)(3)                        | 378,650.                 | 0.                                       |   |  | CANCER RESEARCH,<br>EDUCATION AND TREATMENT   |  |  |
| AMERICAN CANCER SOCIETY<br>520 WILLIAM STREET NW, SUITE 600<br>ATLANTA , GA 30303   | 46-5439010   | 501(C)(3)                        | 378,650.                 | 0.                                       |   |  | CANCER RESEARCH,<br>EDUCATION AND TREATMENT   |  |  |
| FIGHT COLORECTAL CANCER<br>1414 PRINCE ST.<br>ALEXANDRIA, VA 22314  | 20-2622550   | 501(C)(3)                        | 378,650.                 | 0.                                       |   |  | GIVE SUPPORT RESOURCES<br>AND ACTIVITIES TO PEOPLE<br>TOUCHED BY COLON AND<br>RECTAL CANCER |  |  |
| PREVENT CANCER FOUNDATION<br>1600 DUKE ST, SUITE 500<br>ALEXANDRIA, VA 22314  | 52-1429544   | 501(C)(3)                        | 378,650.                 | 0.                                       |   |  | REASEARCH AND PREVENTION<br>FOR EARLY CANCER<br>DETECTION                                   |  |  |
|   |  |                                  |                          |  |   |  |   |  |  |
|   |  |                                  |                          |  |   |  |   |  |  |
| 2 Enter total number of section 501(c)(3) a   |  |                                  | ne line 1 table          |  |   |  | <u>    4.</u><br>0.   |  |  |
| 3 Enter total number of other organization<br>LHA For Paperwork Reduction Act Notice  |  |                                  |                          |  |   |  | V •<br>Schedule I (Form 990) (2015)   |  |  |

47-3673254

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(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:

THE FOUNDATIONS'S BOARD DETERMINED GRANT CANDIDATES BASED ON THEIR

NOT-FOR-PROFIT CHARITABLE STATUS AND THE ORGANIZATION'S PURPOSE TO FIGHT

CANCER. GRANTS WERE AWARDED TO REPUTABLE ORGANIZATIONS WHO WILL USE THE

FUNDS IN THE BATTLE AGAINST CANCER.

| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service<br>Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f | <b>2015</b><br>Open to Public                 |
|--|---|
| Name of the organization MATTHEW HILL FOUNDATION INC   | Employer identification number $47 - 3673254$ |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M  | ISSION:                                       |
| WHICH MANY CANCER PATIENTS LOSE, AND LETTING IT GROW WILD  | AND FREE.                                     |
| DONATE THE MONEY YOU USUALLY SPEND ON SHAVING AND GROOMIN  | G FOR A MONTH                                 |
| TO EDUCATE ABOUT CANCER PREVENTION, SAVE LIVES, AND AID T  | HOSE FIGHTING                                 |
| THE BATTLE. REVENUES ARE DERIVED PRIMARILY FROM CONTRIBUT  | IONS. THE                                     |
| MAJORITY OF THE RAISED FUNDS ARE AWARDED AS GRANTS TO CAN  | CER FIGHTING                                  |
| ORGANIZATIONS.   |   |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 2:  |   |
| ALL OFFICERS/BOARD MEMBERS ARE RELATED AS THIS IS A NOT-   | FOR PROFIT                                    |
| ORGANIZATION STARTED BY FAMILY MEMBERS.  |   |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 8B:   |   |
| THERE ARE NO OTHER COMMITTEES WITH AUTHORITY TO ACT ON BE  | HALF OF THE                                   |
| GOVERNING BODY.  |   |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 11:   |   |
| IRS FORM 990 WILL BE PROVIDED TO AND REVIEWED BY THE FULL  | GOVERNING BODY                                |
| PRIOR TO FILING.   |   |
|  |   |
| FORM 990, PART VI, SECTION B, LINE 15:   |   |
| ANNUAL SALARIES FOR ALL OFFICERS ARE APPROVED BY THE BOAR  | D. ALL OF WHOM                                |
| ARE COMPENSATED.   |   |
|  |   |
| FORM 990, PART VI, SECTION C, LINE 19:   |   |
| MUE COMEDNIANC DOCUMENTS AND EINANCIAL CHAMENERS ADE ANAL  |   |

 

 THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

 532211 09-02-15
 Schedule O (Form 990 or 990-EZ)

10181109 758396 00011770000 2015.04030 MATTHEW HILL FOUNDATION INC 00011771

| Name of the organization | MATTHEW | HILL | FOUNDATION | INC |   | Employer ident<br>47-367 | ification nun<br>3254 |
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