

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Department of the Treasury

Depa Inter	artment of nal Reven	the Treasury nue Service		► The organization may have to use a copy of this return to sat	tisfy state reporting requ	urements	Ope	n to Public Inspection		
	For the	2008 calenda	ar year,	or tax year beginning 7/01 , 200	8, and ending	6/30		, 2009		
В	Check if a	applicable	_			D Employ	yer Identi	fication Number		
	Addi	ress change	lease use IRS label	[Community Health Foundation, Inc	: .	57-	1157	153		
	Nam	ne change	or print or type.	P.O. Box 1833		E Teleph	one numb	ber		
	Initia	al return	See specific	Macon, GA 31202		(47	8) 62	21-2050		
	Tern	nination	Instruc- tions							
	Ame	ended return				G Gross	eceipts \$	15,003,219.		
	App	lication pending	F Name a	and address of principal officer Thomas H. Dobbin		this a group retu		liates? Yes X No		
				As C Above		e all affiliates inc No,' attach a list		tructions) Yes No		
<u> </u>	Tax-e	exempt status	X 501	(c) (3) ◄ (insert no) 4947(a)(1) or	527	,	(000			
<u>J</u>	Webs			ga.org		oup exemption n				
<u>K</u>			Corpora	ation Trust Association Other ► L	Year of Formation 20	003 M	State of le	egal domicile GA		
Pa	art I	Summar								
				ganization's mission or most significant activities: _']						
9] _1			es within an integrated health c						
Jan	ک			larship_program_for_nurses_and_n	urse_candida	ites:_and	1_to_	support_and_		
Veri	1 7	nake gran	tsto	_find_new_health_programs						
ŝ	2 C 3 N			if the organization discontinued its operations or dis ibers of the governing body (Part VI, line 1a)	sposed of more tha	n ∠5% of its	assets.	6		
ଷ	4 1			it voting members of the governing body (Part VI, lir	ne 1b)		4	4		
<u></u>	25 T			yees (Part V, line 2a)	,		5	4		
.ફુડ્	2 6 T	otal number o	of volunt	eers (estimate if necessary)			6	62		
Activities & Governance	7a ⊺	-		ousiness revenue from Part VIII, line 12, column (C)			7a	0.		
	<u>. b</u> N	let unrelated b	ousiness	s taxable income from Form 990-T, line 34			7b	0.		
	<u> </u> -		ſ			Prior Year		Current Year		
		Contributions a	and grafn	its (Path) of the m		8,995,2	294.	11,722,214.		
Revenue	9 P	rogram servic	e reven	ue cantalizad WED		470		220 220		
æ.	10 li	nvestment inc	ome (Pa	yr VIII, column (A), tinos 1, 4, and /d)		479,0	152.	-238,228.		
,	12 T	otal revenue	(Faither)	art VIII, column (A); times 3, 4, and 7d) Bil column (A), times 5, 6d, 8c, 9c, 10c, and 11e) nes 8 through 11 (Auditequal Part VIII, column (A),	line 12)	9,474,3	346	11,483,986.		
	13 G	Frants and sim	ular emo	ounts part (Part IX column &), lines 1-3).	345,3		303,386.			
	=14 B	Renefits naid to	o or for	member (A) line 4)		010,0	1			
	15 S	Salaries, other	comper	nsation, employee benefits (Part IX, column (A), line	es 5-10)	167,7	124	235,601.		
Expenses		ia Professional fundraising fees (Part IX, column (A), line 11e)								
ben	Į.						-			
Ñ	1			nses (Part IX, column (D), line 25) >		661 /	130	1 705 256		
	ļ.			IX, column (A), lines 11a-11d, 11f-24f)		661,4 1,174,4		1,785,256. 2,324,243.		
		•		nes 13-17 (must equal Part IX, column (A), line 25)		8,299,8				
	19 F	teveriue less e	xperise	s Subtract line 18 from line 12				9,159,743.		
Not Assets or Fund Balancos	20 -	otal assets (P	last V la	no 16)		ginning of Y 23,414,9		End of Year 32,651,840.		
Assi	1	otal liabilities				1,808,8		1,808,457.		
Net P	1			•						
	<u> 22 N</u> irt II	Signatur		ances Subtract line 21 from line 20		21,606,1	.30.1	30,843,383.		
Га		- -				4 1- 0- 11		4.4		
		true, correct, and	or perjury, I complete	I declare that I have examined this return, including accompanying so Declaration of preparer (other than officer) is based on all information	nedules and statements, in of which preparer has a	and to the best of	л ту кно	wiedge and belief, it is		
Sig	ın	- No	Uais	in d. tanter		5/14	1201	n		
He	re	Signature of	officer			Date		<u> </u>		
		► Lorrai	ine T	. Taylor	Sec	retary				
		Type or print			500	<u> </u>				
					Date	Check if	Pre	eparer's identifying number		
Pai	id		()		self- employed ►	(se	ee instructions)"		
Pre	9-	Preparer's signature	・ 大		MAY 0 4 2019	1	P	00347246		
pai	rer's	Firm's name (or	McN	air, McLemore, Middlebrooks	<u> </u>					
Us On		yours if self- employed),		t Office Box One		EIN ► 58-1094351				
J11	עיי	address, and ZIP + 4	Mac			Phone no ► (478) 746-6277				
May	the IR	·		with the preparer shown above? (see instructions)				X Yes No		
				work Reduction Act Notice, see the separate instru	ictions.	TEEA0112t	12/22/0			

$\overline{}$	990 (2008		unity He									57-1	1571	53		Page 2
Par			t of Progra			ompli	shments	see inst	tructic	ons)						
1,	-		organization's													
			<u>lnancial</u>													
			em; to m											nurs	e	
	<u>candid</u>	<u>lates; a</u>	and to su	pport	and ma	ke_q	rants to	find_	new_	<u>heal</u> t	h_pro	grams.				
		-														
2		-	undertake ar	y signific	ant progra	m serv	ices during t	he year w	hich we	ere not l	isted or	the prior			_	
	-	or 990-EZ												Yes	X	No
			se new servi													
3			cease condu			ficant o	changes in h	ow it cond	lucts, a	any progi	ram ser	vices?		Yes	X	No
	•		se changes o													
4	Describe t	the exempt	purpose ach zations and s	ection 4	ls for each	of the	organization	s three la	rgest p	rogram :	service:	s by exper	nses Se	ction 5	01(c)	(3)
	expenses,	, and reven	ue, if any, fo	r each pr	ogram serv	rice rep	orted.	report in	ie arriot	unt or gr	arits ari	u anocatic	// NO 01	11613, 1	ne tota	a1
	_															
11-3	(Code		(Expenses	¢ 2	321 21	3 124	aludina arani	s of S		303 3	86 \	Povonuo	ė 1	1 72	2 2	111
-+ a			incial su													14.
			em; mana												- - -	
			and suppo													
	Canara	iaces, c	ing suppe	LCEU_	and mad											
						- 										
																
	-												· -			
															- - -	
						- 										
		-														
4 b	(Code: 📙)	(Expenses	\$		ind	cluding grant	sof \$) (Revenue	\$)
		_ _														
															-	
											_					
																
								-								
													. 			
	_															
													_			
			· · · · · · · · · · · · · · · · · · ·													
4 c	(Code)	(Expenses	\$		inc	cluding grant	s of \$) (Revenue	\$)
. •	, 1	/	, - ,	-		—		· -· • —					' 			—′
												- 				
	-									-		- 				
												-				
	- -											-				
		- -									- - -	-		 -		
	- -															
	Other proc	aram servic	es (Describe	n Sche	dule O 1	_									<u>-</u>	
-7 U	(Expenses		(50301100		ncluding gr	ants of	\$) (Reve	enue S)	
40			e expenses				13. (Must e	egual Part	IX I in							
	. Ottal prog	,. u 301 VIC	- evbeiges	- 		1 4 -	20. (171031.6	quai i ait	173, LIII	,		-//				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	,		v
	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(x4), 501(c)(x5), and 501(c)(x6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax ³ If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		_X_
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u> _
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	х	
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
3 4 4			990 (2000

<u> </u>	- Contract of the game a contract of the contr			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		Х
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 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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x_
DΛ		Form	990	(2008)

TEEA0104L 12/18/08

		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	į		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c	X	/
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 4			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country ▶	. 1		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7е	-	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Χ	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	Χ	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			<u> </u>
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		_
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	ŀ		j
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter	İ		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			,
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.			
RAA	Form	990 (20081

Form 990 (2008) Community Health Foundation, Inc. 57–1157153 Page

Part VI ' Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "ves" response to lines 2.7b below, and for a No" response to lines 8 or 9b below, describe the curcumstances, processes, or changes in Schedule O See instructions 1a Enter the number of voting members of the governing body before the number of voting members that are independent 2 Did any officer, director, fursities, or key employee have a family relationship or a business relationship with any other officer, director, fursities or key employees see Schedule O 3 Did the organization related any significant changes to its organization or the relationship with any other officers, director, unside or 8 years of management company or other person? 4 Did the organization make any significant changes to its organization of occurrents since the prior Form 990 was filed? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 6 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Did he organization have under the givenses and procedures governing the activities of such chapters, affiliates? 7 By X 8 Did the organization have under the givenses and procedures governing the activities of such chapters, affiliates? 9 By X 10 Was a copy of the Form 990 provided to the enganization such to organization? 11 Si their amy officer, director or fursite, or key employee listed in Part VII, Section I. was titled? All prog		zuon A.	Governing Body and Management			
b Enter the number of voting members that are independent 2 Did any officer, director, inustee or key employee have a family relationship or a business relationship with any other officer, director, inustee or key employee? See Schedule 0 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was field? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization become aware during the year of a material diversion of the organization's assets? 5 X 5 Does the organization become aware during the year of a material diversion of the organization's assets? 5 X 5 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have written ploices and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization's such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization's uses filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O 10 X 10 Was a copy of the Form 990 provided to the organization's governing body before It was fligd? All organizations must describe in Schedule O developed the names and addresses in Schedule O developed the process of the determining organization's contemporaneous substantiation of		For each processes	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstance, or changes in Schedule O. See instructions	es,	Yes	No
2 Did any officer, director, furstee, or key employee have a family relationship or a business relationship with any other officer, director, furstee or key employee? See Schedule 0 or officers, directors or fusitees, or key employees to a management direct supervision of officers, directors or fusitees, or key employees to a management company or other person? A Did the organization rate any significant changes to its organization and countered significant company or other person? A Did the organization bave may significant changes to its organization and company or other person? A Did the organization bave management directs of the province may see the prior Form 990 was filed? See Sch 0 Did the organization have members or stockholders? See Schedule 0 To Did the organization have members or stockholders? See Schedule 0 A Pa any decisions of the governing body subject to approval by members, stockholders, or other persons? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have local chapters, branches, or affiliates? B Did the organization have a written policies and procedures governing body hafore it was filed? All organizations must describe in Schedule O the process. If any, the organization branches of the process in the organization is a procedure region of the process of	1:	a Enter the	number of voting members of the governing body	6		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directions or fustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? See Sch Q 5 Did the organization have members or stockholders? See Schedule O 6 Does the organization have members or stockholders? See Schedule O 7 Does the organization have members or stockholders? See Schedule O 8 Did the organization have members of stockholders? See Schedule O 8 Did the organization have members of stockholders? See Schedule O 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Deschipment of the governing body? 9 Deschipments of the governing body? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization to describe in Schedule O the process, if any the organization uses to review the Form 990 See Schedule O 11 Is there any officer, director or fusible, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have a written document retention and destruction policy? 12 Describe organization have a written document retention and destruction policy? 13 Describe organization and ornersperaeous substantiation of the deliberation and deci	1	b Enter the	number of voting members that are independent 1b	4		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directions or fustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? See Sch Q 5 Did the organization have members or stockholders? See Schedule O 6 Does the organization have members or stockholders? See Schedule O 7 Does the organization have members or stockholders? See Schedule O 8 Did the organization have members of stockholders? See Schedule O 8 Did the organization have members of stockholders? See Schedule O 9 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 9 Deschipment of the governing body? 9 Deschipments of the governing body? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization to describe in Schedule O the process, if any the organization uses to review the Form 990 See Schedule O 11 Is there any officer, director or fusible, or key employee listed in Part VIII, Section A, who cannot be reached at the organization have a written document retention and destruction policy? 12 Describe organization have a written document retention and destruction policy? 13 Describe organization and ornersperaeous substantiation of the deliberation and deci	2	Did any of officer, dir	ficer, director, trustee, or key employee have a family relationship or a business relationship with any other ector, trustee or key employee? See Schedule 0	2	X	
4 Dut the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization have members or stockholders? See Schedule 0 5 Did the organization have members or stockholders? See Schedule 0 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Did the organization become aware during the year of a material diversion of the organization's see Schedule 0 5 Did the organization bare members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization have local chapters, branches, or affiliates? b If Yes,' does the organization have local chapters, branches, or affiliates? 5 Did Was a copy of the Form 990 provided to the organization's governing body? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule 0 the process, if any, the organization uses to review the Form 990 See Schedule 0 11 Is there any officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Yes, 'provide the names and addresses in Schedule 0 12 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the debtheration and decision a 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 approval by independent persons, comparability data, and contemporaneous substantiation of the debtheration and decision a The organization have a written document retention and		Did the or	ganization delegate control over management duties customarily performed by or under the direct supervision	n 3		х
5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? See Schedule 0 7 A Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0 8 Date any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Ba X 8 Dath committee with authority to act on behalf of the governing body? 9 A Does the organization have local chapters, branches, or affiliates? 8 Dif "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their organizations are consistent with those of the organization? 9 December 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization sets to review the Form 990 See Schedule O 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization during the view of the organization of the organization of the form 990 See Schedule O 11 Is there any officer, director or furstee, or key employee itsed in Part VI, Section A, who cannot be reached at the organization have a written whistellower policy? If No, go to line 13 12 Designation of the organization have a written document retention and destruction policy? 12 Designation of the organization of the see Schedule O 13 Does the organization have a written document retention and destruction policy? 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include	4	Did the or	ganization make any significant changes to its organizational documents		Х	
6 Does the organization have members or stockholders? See Schedule O 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B Each committee with authority to act on behalf of the governing body? B If Yes (does the organization have local chapters, branches, or affiliates) B If Yes (does the organization sample diddress? if Yes, provide the mames and addresses in Schedule O 10	_			_		.,
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	_				Х	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 a Does the organization have local chapters, branches, or affiliates? 9 a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O 12 Does the organization have a written whistleblower policy? 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. a The organization is CEC, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint	7	a Does the governing	organization have members, stockholders, or other persons who may elect one or more members of the body? See Schedule O	7 a	Х	
a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9b If Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization so to revew the Form 990 See Schedule O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O now this is done. See Schedule O 12 a Does the organization have a written policy? 13 Does the organization have a written by the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable and the organization in point venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in point venture arrang	1	b Are any d	ecisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	<u> </u>	<u>X</u>
b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? b If Yes, ideas the organization have local chapters, branches, or affiliates? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization's governing body before it was filed? All organizations must describe in Schedule O in the process, if any, the organization is governing body before it was filed? All organizations must describe in Schedule O in the process in Schedule O in the season addresses in Schedule O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If 'Yes,' provide the names and addresses in Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 15a Did the organization invest in, contribute assets to, or participate in a joint venture or simila	8					
9a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O 11 Is there any officer, director or furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this stories. See Schedule O 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable lently during the year? b If Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in prior twenture arrangements under applicable federal tax law, and taken steps to safeguard the organization for exempting the organization with respect to such arrangements? 5ection C. Disclosures 16a X 17b Ves,' has the organization to make its Forms 1023 (or 102		a The gover	ning body?	8a	Х	
b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization yourning body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. See "Schedule O" 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?" If 'Yes,' provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c Dees the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. 15 a T to programization rivest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 b Other officers of key employees of the organization? See Schedule O 16 b Other officers of key employees of the organization? See Schedule of the deliberation to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken sleps to safeguard the organization's exempt residue of th	ı	b Each com	mittee with authority to act on behalf of the governing body?	86	Х	
and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c X 13 Does the organization have a written document retention and destruction policy? 14 Does 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 approval by independent persons, comparability dala, and contemporaneous substantiation of the deliberation and decision: 16 Does the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable deferal tax law, and taken steps to safeguard the organization's exempt in joint venture arrangements under applicable deferal tax law, and taken steps to safeguard the organi	9:	a Does the	organization have local chapters, branches, or affiliates?	9a		X
describe in Schedule O the process, if any, the organization uses to review the Form 990. See Schedule O 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 b A re officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 If 'Yes,' describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15 List the states with which a copy of this Form 990 is required to be filed 16a X 16a X 26 Schedule O indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing docu	I	b If 'Yes,' do and brand	oes the organization have written policies and procedures governing the activities of such chapters, affiliates hes to ensure their operations are consistent with those of the organization?	, 9b		
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt is alsu with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed GA Section G104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availab	10	Was a cop describe i	by of the Form 990 provided to the organization's governing body before it was filed? All organizations must a Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	10	х	
Yes No	11	ls there ar organizati	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the on's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		X
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O See Schedule O See Schedule O See Schedule O Schedule O See Schedule O Schedule O See Schedule O Sch	Sec	ction B.	Policies			
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12c X 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 15a X b If 'Yes,' describe in Schedule O (see instructions) 15b X Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organizations' exempt status with respect to such arrangements? Section C. Disclosures 15b X Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website U Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization					_	No
to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 13 Does the organization have a written whistleblower policy? 14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 15 Esection C. Disclosures 16 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website U Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
Schedule O how this is done See Schedule 0 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule 0 Describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed •	1	b Are officer to conflict	s, directors or trustees, and key employees required to disclose annually interests that could give rise			l
14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► GA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization			s'	12 b	Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► GA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization		c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in		Х	
a The organization's CEO, Executive Director, or top management official? b Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization		Schedule	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O	12 c	Х	
b Other officers of key employees of the organization? See Schedule 0 Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed ► GA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13	Schedule Does the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy?	12 c	X	
Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{GA} \) 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	13 14	Schedule Does the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy?	12 c	X	
Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{GA} \) 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request. 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	13 14 15	Schedule Does the Does the Did the pr persons, o	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occass for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision.	12 c 13 14	X X X	
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed \(^{\bar{C}}\) GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15	Schedule Does the of the propersons, of the organization.	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the organization have a written whistleblower policy? Organization have a written document retention and destruction policy? Occass for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision ization's CEO, Executive Director, or top management official?	12 c 13 14	X X X	
Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed \(\subseteq \text{GA} \) 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website	13 14 15	Schedule Does the of the propersons, of the organia bother offices	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision ization's CEO, Executive Director, or top management official?	12 c 13 14	X X X	
17 List the states with which a copy of this Form 990 is required to be filed ► GA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15	Schedule Does the of ice Does the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: ization's CEO, Executive Director, or top management official? Sees of key employees of the organization? See Schedule O the process in Schedule O (see instructions)	12 c 13 14 15 a 15 b	X X X	X
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website	13 14 15	Schedule Does the of Does the Oos the	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done — See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: sization's CEO, Executive Director, or top management official? or sees of key employees of the organization? See Schedule O he process in Schedule O (see instructions) or participate in a joint venture or similar arrangement with a taxaling the year?	12 c 13 14 15 a 15 b	X X X	X
Inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15 16	Schedule Does the of ice D	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done — See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: exers of key employees of the organization? See Schedule O he process in Schedule O (see instructions) ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxaling the year? The organization adopted a written policy or procedure requiring the organization to evaluate its participate in a respect to such arrangements?	12 c 13 14 15 a 15 b	X X X	X
 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization 	13 14 15 16:	Does the organist Does the organist Does The organist Does The organist Does The Other official Does Does The Other official Does The Other official Does The Other official Does The Other official Does The Other Othe	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: ization's CEO, Executive Director, or top management official? organization's Ceo, Executive Director, or top management official? organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal and the year? organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal and the year? organization adopted a written policy or procedure requiring the organization to evaluate its participate in a respect to such arrangements? Disclosures	12 c 13 14 15 a 15 b	X X X	x
statements available to the public See Schedule 0 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	13 14 15 16 16	Does the organists of t	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: ization's CEO, Executive Director, or top management official? izers of key employees of the organization? See Schedule O the process in Schedule O (see instructions) ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal magnetic by the series of the organization adopted a written policy or procedure requiring the organization to evaluate its participate in the organization adopted a written policy or procedure requiring the organization to evaluate its participate in respect to such arrangements? Disclosures attention and option and option of the form 990 is required to be filed GA O4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	12c 13 14 15a 15b	X X X X	
	13 14 15 16 16 17	Does the propersons, of a The organ b Other office Describe to a Did the organist but of the properson of th	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: ization's CEO, Executive Director, or top management official? cers of key employees of the organization? See Schedule O the process in Schedule O (see instructions) ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal management of the organization adopted a written policy or procedure requiring the organization to evaluate its participation arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemple respect to such arrangements? Disclosures attention of the deliberation and decision: Official contributes and organization of the decision and decision: The process of the organization of the deliberation and decision: The process of the organization and decision and decision and decision. The process of the organization and decision and decision and decision. The process of the organization and decision and decision and decision. The process of the organization and decision and desired and decision. The process of the organization and decision and decision. The process of the organization and decision and decision. The process of the organization and decision. The proces	12c 13 14 15a 15b	X X X X	
	13 14 15 16 16 Sec 17	Does the organ by Other office Describe to a Did the organ by Describe to Does the Does of the D	organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done See Schedule O organization have a written whistleblower policy? organization have a written document retention and destruction policy? occess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: ization's CEO, Executive Director, or top management official? izers of key employees of the organization? See Schedule O the process in Schedule O (see instructions) ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal and the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participate inture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemply respect to such arrangements? Disclosures attention and the second of the Form 990 is required to be filed GA Of requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only, Indicate how you make these available Check all that apply website Another's website X Upon request The Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest in the schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest in the schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest in the schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest in the schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest in the schedule O whether (and if so, how) the organization makes its governing documents.	12 c 13 14 15 a 15 b 16 a 16 a availab	X X X X	 public

BAA

Form 990 (2008)

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

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

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 the organization did n	ot comper	isate a	any o	offic	er, (directo	r, tr	ustee, or key employe		
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Joseph A. Wall								_		
Chairman	4	X						0.	24,000.	0.
James B. Patton Director	4	x						0.	24,000.	0.
Paul A. Cable										
Director	4	X						0.	24,000.	0.
Thomas Randolph Coody Director	4	x						0.	149,717.	16,421.
J. Olan Jones	 		-							
Director	4	Х						0.	24,000.	0.
Ronnie D. Rollins	_									
President & CEO	4	X		X				0.	699,680.	22,126.
Lorraine T. Taylor Corporate Sec.	4			х				0.	312,370.	19,725.
Thomas H. Dobbins	+ -			Λ		<u> </u>		0.	312,370.	15,725.
Executive Direc	40				Х			105,691.	0.	14,927.
H. Dean Shuford Executive Vice-President	_						Х	0.	499,680.	24,158.
Mark A. Waldrop	_						v	0	E40 CE0	21 525
C00	 		\vdash				Х	0.	540,650.	21,525.
	-									
	 								-	
	1									
								-		
			_			-		_		

TEEA0107L 04/24/09

Page 8

(A)	(B)	L			c)	,	an	(D)	(E)	(F)
Name and Title	Average	Posi	ition (-	that a	pply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										_
				!						
·										
·										
1 b Total							>	105,691.	2,298,097.	
2 Total number of individuals (including those in 1a) v organization ► 1	vho rece	eived	d mo	ore t	han	\$10	0,00	00 in reportable c	ompensation from	the
Organization 2								· -		Yes No
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of re 	ndividua	l	•		•	,		5 ,	,,	3 X
the organization and related organizations greater ti	han \$15	0,00	10°	If 'Y	es' (com	plet	e Schedule J for s	uch	4 X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atioi for	n fro suc	om a h pe	ny i	unre 1	elate	d organization for	services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ed inde	a on c	lant	con	trac	tors	tha	t received more th	22 \$100 000 of	
compensation from the organization	eu illuej			-	-	.(013	· uia	received more tr	——————————————————————————————————————	
(A) Name and business addres	s			_				(B) Description o	f Services	(C) Compensation
			_		•					
			_							
2 Total number of independent contractors (including compensation from the organization ► 0	those in	1) 1	who	rec	eive	d m	ore	than \$100,000 in		

Pa	t VIII Statement of Revenue		, 	· · · · · ·	r	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a Federated campaigns 1a				· 	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
à Ó	c Fundraising events 1c					l i
FTS	d Related organizations 1d					
%,¥	e Government grants (contributions) 1 e		1			
SIS	* `					
REG	f All other contributions, gifts, grants, and similar amounts not included above 1 f	11,722,214.				
E	g Noncash contribns included in lns 1a-1f. \$					1
SA	h Total. Add lines 1a-1f	>	11,722,214.	1		
	II Totali Add lines Ta Ti	Business Code	11//22/21	-		
ENL	2a			· · · · · · · · · · · · · · · · · · ·		
Ē	ь			-		
SE				-		
E.	d			-		
S	<u> </u>					
SRA PA	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	•				
	3 Investment income (including dividends	interest and				
	other similar amounts)	, interest and	794,157.			794,157.
	4 Income from investment of tax-exempt	bond proceeds				,
	5 Royalties					
	(ı) Real	(II) Personal	,	· · ·		
	6a Gross Rents					1
	b Less. rental expenses					
	c Rental income or (loss)]
	d Net rental income or (loss)	•		_		
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 2,486,848.					
	b Less, cost or other basis					1
	and sales expenses $3,519,233$.					1
	c Gain or (loss) -1032385.					
	d Net gain or (loss)	•	-1,032,385.	-1,032,385.		
JE	8a Gross income from fundraising events (not including. \$					1
OTHER REVENU	of contributions reported on line 1c)					
RE	See Part IV, line 18					
HER	b Less: direct expenses					
6	c Net income or (loss) from fundraising e	vents ►				
	•					
	9a Gross income from gaming activities See Part IV, line 19					'
	b Less: direct expenses					
	c Net income or (loss) from gaming activ	ities.				
	10a Gross sales of inventory less returns					1
	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code	_			
	11 a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5	5. 6d. 7d. 8c 9c				
	10c, and 11e	, 30, 10, 00, 30, •	11,483,986.	-1,032,385.	0.	794,157 <u>.</u>

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		•		-
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	303,386.	303,386.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				····
5	Compensation of current officers, directors, trustees, and key employees	120,618.	120,618.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	73,420.	73,420.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	27,270.	27,270.		
10	Payroll taxes	14,293.	14,293.		
11	Fees for services (non-employees)				
á	a Management				
Ł	Legal				
(Accounting				
c	Lobbying				
	Prof fundraising svcs See Part IV, In 17 Investment management fees		-		
ç	j Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings				
20	Interest	90,576.	90,576.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
_	below)	1,384,560.	1,384,560.		
	Onrealized Loss on Securities Other Administrative	309,635.	309,635.		
	: Insurance & Bonding	485.	485.		
		405.	403.		
e f					
	Total functional expenses Add lines 1 through 24f	2,324,243.	2,324,243.	0.	0.
	Joint Costs. Check here □ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		, = -, = -0		

		- Dalance Chicat		,				
				(A) Beginning of year		(I End o	B) of year	r
	1	Cash – non-interest-bearing		976,467.	1		92,	
	2	Savings and temporary cash investments		8,481,322.	2	11,3		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		33,292.	4		32,	731.
	5	Receivables from current and former officers, director or other related parties Complete Part II of Schedule	rs, trustees, key employees, L		5			
	6	Receivables from other disqualified persons (as defin			ļ		·	
۸		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6			
A S E T S	7	Notes and loans receivable, net			7			
Ē	8	Inventories for sale or use		8				
Ś	9	Prepaid expenses and deferred charges		151.	9		2,	721.
	10 a	Land, buildings, and equipment, cost basis	10a 1,833,012.					
	b	Less accumulated depreciation. Complete Part VI of				-		
		Schedule D	10Ь	1,815,501.	10 c		33,0	
	11	Investments — publicly-traded securities		12,108,260.	11	18,1	69,	704.
	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			15			
	16	Total assets. Add lines 1 through 15 (must equal line	34)	23,414,993.	16	32,6		
	17	Accounts payable and accrued expenses		4,863.	17		4,4	<u> 157.</u>
	18	Grants payable			18			
LIABILITIES	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities		20				
	21	Escrow account liability Complete Part IV of Schedul			21			
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II					
Ę		of Schedule L		1 004 000	22	1 0	04.6	200
S	23	Secured mortgages and notes payable to unrelated the	nird parties	1,804,000.	23	1,8	04,0	<i>,</i> 00 .
	24							
	25	•	1,808,863.	25	1 0	00 /	157	
	26	Total liabilities. Add lines 17 through 25	X and complete lines	1,000,003.	26	1,0	08,4	<u> </u>
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X and complete lines					
	27	Unrestricted net assets.		21,606,130.	27	30,8	13 3	383
A S S E				21,000,130.	28	_ 30,0	43,	
Ĭ	28 29	Temporarily restricted net assets Permanently restricted net assets.			29			
Q R	25	Organizations that do not follow SFAS 117, check he	ere and complete		23			
		lines 30 through 34.	and complete					
PZC	30	Capital stock or trust principal, or current funds			30		_	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31			
Ä	32	Retained earnings, endowment, accumulated income,			32			
Ň	33	Total net assets or fund balances.	, or other larius	21,606,130.	33	30,8	43 3	183
B々しくことにい	34	Total liabilities and net assets/fund balances		23,414,993.	34	32,6		
	rt XI		<u></u>	23,414,333.	1 34 1	32,0	J1, C	740.
	11 ()()	T manetar statements and reporting		······································			Yes	No
			Cash X Accrual	Other				
		re the organization's financial statements compiled or		accountant?		2 a		Х
		re the organization's financial statements audited by a	· ·		-1.1	2b	X	
	rev	Yes' to 2a or 2b, does the organization have a committee, or compilation of its financial statements and sele	ction of an independent acco	ountant?		2 c	Х	
3	a As Au	a result of a federal award, was the organization requi dit Act and OMB Circular A-133?	red to undergo an audit or at	udits as set forth in the	Single	3a		Х
		Yes,' did the organization undergo the required audit of				3b		
RΔ		,			-		990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2008

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name o	f the	organization							Employe	r identifica	ition number		
Com	nu		Foundation, In							<u> 15715</u>			
Part	Ī	Reason for Pu	blic Charity Statu	ıs (All organızatıons	must (comple	ete this	s part.) (see	ınstruc	tions)		
The o	rga	nization is not a pri	vate foundation becau	use it is (Please check o	nly one	organiz	ation)						
1		A church, convente	on of churches or ass	ociation of churches des	cribed in	n sectio	n 170(b))(1)(A)(i)).				
2		A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3		A hospital or coope	erative hospital service	e organization described	ın secti	ion 170(b)(1)(A)	(iii). (At	tach Sc	hedule h	· 1.)		
4	Г			ed in conjunction with a h								spital'	s
	_	name, city, and sta	-	•	•					,,,		•	
5		An organization op 170(b)(1)(A)(iv). (0	erated for the benefit Complete Part II)	of a college or university		•	-		rnmenta	ıl unıt de	scribed in	sectio	n
6 7		An organization that		governmental unit descri i substantial part of its si art II)					ıt or fror	n the ge	neral publi	c desc	ribed
8		A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II)							
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10		An organization org	ganized and operated	exclusively to test for pu	ublic saf	ety. See	section	n 509(a)	(4). (se	e instruc	ctions)		
11		more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or	section	509(a)(nctions (2) See	of, or ca section	rry out t 509(a)(3	he purpose 3). Check t	s of o he bo	ne or x that
		a Type i	b Type II	c 🗌 Type II	l – Fund	ctionally	ıntegra	ted		d 🗌	Type III-	Othe	r
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control n one or more publicly s	led dired upported	ctly or ind d organi	idirectly zations	by one describ	or more ed in se	disqual ction 50	ified perso 9(a)(1) or s	ons oth section	her า
f		If the organization check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type I	l or Typ	e III sup	porting	organızatıo	n,	
g		Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	57		
												Yes	No
		below, the go	verning body of the s	controls, either alone or upported organization?	together	r with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)	ļ	
		` '	iber of a person desc	**							11 g (ii)		ļ
		` '		described in (i) or (ii) a							11 g (iii)	<u>L</u>	<u> </u>
<u>h</u>		Provide the following	ng information about t	the organizations the org	anızatıo	n suppo	rts						
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizal (i) lister gove	Is the tion in col d in your erning ment?	the organ	you notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amoui	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
			,										
								ļ					
							-						
													
Total				•									

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

on securities loans, rents, rovalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here	501(c)	(3) ▶ [
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	%
15	Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

12

Total support. Add lines 7

12 Gross receipts from related activities, etc. (see instructions)

through 10

Schedule A (Form 990 or 990-EZ) 2008 Community Health 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.)

Sec	ction A. Public Support	, · · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Giffs, grants, contributions and membership fees received (Do not include 'unusual grants ')	363,864.	399,226.	11613364.	8,995,294.	11722214.	33,093,962.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the						
	organization's tax-exempt purpose.						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•			0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5.	363,864.	399,226.	11613364.	8,995,294.	11722214.	33,093,962.
7:	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,	<u> </u>	G.	<u> </u>		<u>.</u>	<u> </u>
	and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
(Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6)						33,093,962.
Sec	tion B. Total Support						
		(a) 2004	(h) 200E	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(0) 2005	(6) 2000	(a) 2007	(e) 2000	(I) IOIAI
	Amounts from line 6	363,864.	(b) 2005 399, 226.				(f) Total 33, 093, 962.
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	363,864.	399,226.	11613364.	8,995,294.	11722214.	33,093,962.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						526,020.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511	363,864. 63,976.	399,226. 62,382.	11613364. 158,838.	8,995,294. 479,052.	-238,228.	526,020. 0.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	363,864.	399,226.	11613364.	8,995,294.	11722214.	526,020.
9 10 a 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	363,864. 63,976.	399,226. 62,382.	11613364. 158,838.	8,995,294. 479,052.	-238,228.	526,020. 0. 526,020.
9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	363,864. 63,976.	399,226. 62,382.	11613364. 158,838.	8,995,294. 479,052.	-238,228.	33,093,962. 526,020. 0. 526,020.
9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	363, 864. 63, 976. 63, 976.	62,382. 62,382.	11613364. 158,838. 158,838.	479,052. 479,052.	-238,228. -238,228.	33,093,962. 526,020. 0. 526,020. 0. 33,619,982.
9 10a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	363, 864. 63, 976. 63, 976.	399, 226. 62, 382. 62, 382.	11613364. 158,838. 158,838.	479,052. 479,052.	-238,228. -238,228.	33,093,962. 526,020. 0. 526,020. 0. 33,619,982.
9 10a 11 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Outrielated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	363, 864. 63, 976. 63, 976. stop the organization here	399, 226. 62, 382. 62, 382. ation's first, seconercentage	11613364. 158,838. 158,838.	479,052. 479,052.	-238, 228238, 228. a section 501(c)	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ► □
9 10a 11 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	63, 976. 63, 976. 63, 976. stop the organization here olic Support P	62,382. 62,382. ation's first, seconercentage	11613364. 158,838. 158,838. d, third, fourth, (e)	479,052. 479,052.	11722214. -238,228. -238,228. a section 501(c)	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ▶ □
9 10a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2	63, 976. 63, 976. 63, 976. stop here olic Support P 08 (line 8, column 2007 Schedule A,	62,382. 62,382. 62,382. ation's first, seconercentage (f) divided by line Part IV-A, line 27	11613364. 158,838. 158,838. d, third, fourth, one 13, column (f))	479,052. 479,052.	-238, 228238, 228. a section 501(c)	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ► □
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 2 Public support percentage from 2 Tion D. Computation of Invention	363, 864. 63, 976. 63, 976. 63, 976. 63, 976. stop the organization here blic Support P 08 (line 8, column 2007 Schedule A, estment Incon	62,382. 62,382. 62,382. 61ion's first, seconercentage of (f) divided by line Part IV-A, line 27 ne Percentage	11613364. 158,838. 158,838. d, third, fourth, one 13, column (f))	479,052. 479,052.	11722214. -238,228. -238,228. a section 501(c)	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ▶ □ 98.4% 94.7%
9 10a 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Invitivestment income percentage for 20	363, 864. 63, 976. 63, 976. 63, 976. 63, 976. Stop here Colic Support P 08 (line 8, column 2007 Schedule A, estment Incomor 2008 (line 10c,	62,382. 62,382. 62,382. 61,382. 62,382. 62,382. 62,382.	11613364. 158,838. 158,838. d, third, fourth, of third, fourth,	479,052. 479,052.	11722214. -238,228. -238,228. a section 501(c) 15 16	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ▶ □ 98.4% 94.7% 1.6%
9 10a 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Investment income percentage from Investment Investment Income percentage from Investment Investment In	363, 864. 63, 976. 63, 976. 63, 976. 63, 976. 8 for the organization here colic Support P 08 (line 8, column con 2007 Schedule A, estment Incom cor 2008 (line 10c, com 2007 Schedul	62,382. 62,382. 62,382. 62,382. 62,000 ercentage n (f) divided by line Part IV-A, line 27 ne Percentage column (f) divided e A, Part IV-A, line	11613364. 158,838. 158,838. d, third, fourth, of third, fourth,	8,995,294. 479,052. 479,052.	11722214. -238,228. -238,228. a section 501(c) 15 16	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ▶ □ 98.4% 94.7% 1.6% 5.3%
9 10a 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Investment income percentage from Investment Investment Income percentage from Investment Investment In	363, 864. 63, 976. 63, 976. 63, 976. 63, 976. 8 for the organization here colic Support P 08 (line 8, column con 2007 Schedule A, estment Incom cor 2008 (line 10c, com 2007 Schedul	62,382. 62,382. 62,382. 62,382. 62,000 ercentage n (f) divided by line Part IV-A, line 27 ne Percentage column (f) divided e A, Part IV-A, line	11613364. 158,838. 158,838. d, third, fourth, of third, fourth,	8,995,294. 479,052. 479,052.	11722214. -238,228. -238,228. a section 501(c) 15 16	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) ▶ □ 98.4% 94.7% 1.6% 5.3%
9 10a 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Invitivestment income percentage for 20	363, 864. 63, 976. 63, 976. 63, 976. 63, 976. 63, 976. 8 for the organization did not once and stop here organization did not once and stop here organization did this box and stop there organization did this box and stop here.	62, 382. 62, 382. 62, 382. 62, 382. 62, 382. 62, 382. 62, 382. 62, 382. 62, 382.	d, third, fourth, of the 13, column (f)) g d by line 13, column (f) qualifies as a pure 14, and line 15 qualifies as a pure 14 or 19 azation qualifies as	479, 052. 479, 052. 479, 052. or fifth tax year as min (f)) as more than 33-1/39 blicly supported of a, and line 16 is min a publicly supported of	11722214. -238, 228. -238, 228. -238, 228. 15 16 17 18 %, and line 17 is no rganization fore than 33-1/3% orted organization for the same organization	33,093,962. 526,020. 0. 526,020. 0. 33,619,982. (3) 98.4% 94.7% 1.6% 5.3% 1.6% 5.3% 1.6% 5.3%

Schedule /	A (Form	990 or	990-EZ	2008	Comm	unity	Hea:	lth	Founda	ation,	Inc.		57-1	157153	}	Page 4
Schedule /	Supp Part	olemen II, line	i tal Ini 17a o	f <mark>ormat</mark> or 17b;	ion. Co or Pai	omplete rt III, lin	this e 12.	part Pro	to prov	ide the	explana addition	tion req al inforr	juired b nation.	y Part II (see ins	, line 10 struction); s)
						_	_									<u> </u>
									-							
														- -		
					- -				. – – –			- -			-	
															-	-
															- -	
															- -	
- ·			-													
																
		~												· -		
	 -															
 -															-	
					-									· -		
-						 -										
-			- - -			- 			- -	-				. _		
- -																
					. -						- 			· - ·		
					 .								-	- -		
									~					- -		
						 -					 .				-	
			· – – –								- -			- -	-	
									-		- -				- -	
					 -		- - -						- -	- -		
						 -	. – – -	- – –					-			
						- -		- - -				-			-	
	-	- -						- -	-	- -		 -	-		- -	
				- -									- 			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule **D** (Form 990) 2008

Employer Identification number

	munity Health Foundation, Inc	·	57-1157153
Par		r Advised Funds or Other Similar Fun	ids or Accounts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in di	onor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant funi the benefit of the donor or donor advisor or oth	ds may be ier Yes No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes'	
	Purpose(s) of conservation easements held by		to 1 01111 550, 1 art 17, iiiie 7.
-	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat		of certified historic structure
	Preservation of open space		or contined motoric structure
2	Complete lines 2a-2d if the organization held a	a qualified conservation contribution in the form	of a conservation easement on the last day
	of the tax year	- quantities contact taken contained for in the form	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easer	ments	2b
c	Number of conservation easements on a certif	ied historic structure included in (a)	2 c
d	Number of conservation easements included in	n (c) acquired after 8/17/06	2 d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the taxable
	year ►		
4	Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspection, vio	lations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during t	he year ►
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ►\$
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue and expen o the organization's financial statements that d	ise statement, and balance sheet, and lescribes the organization's accounting for
Par		ctions of Art, Historical Treasures, or	Other Similar Accets
. u.		vered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publiamounts relating to these items	SFAS 116, not to report in its revenue statemed exhibition, education, or research in furtheral	ent and balance sheet works of art, historical nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		•\$ •\$
	If the organization received or held works of ar amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line	1	- \$
b	Assets included in Form 990, Part X		►\$ ►\$

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

Schedule D (Form 990) 2008 Comm				57-115	
Part III Organizations Mainta	ining Collection	ons of Art, Hist	orical Treasures,	or Other Similar Ass	sets (continued)
 Using the organization's accession that apply) 	on and other recor	ds, check any of t	ne following that are a	significant use of its col	lection items (check all
a Public exhibition		d 🗌 Loan	or exchange programs	S	
b Scholarly research		e 🗌 Other			
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV	nization's collection	ons and explain ho	w they further the orga	anızatıon's exempt purpo	ese in
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or rece rather than to be r	eive donations of a maintained as part	rt, historical treasures, of the organization's o	or other similar collection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported	ı stodial Arranç an amount on	jements Comp Form 990, Par	lete if organizatior t X, line 21.	answered 'Yes' to	Form 990, Part
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediar	y for contributions or c	other assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and c	complete the follow	ing table		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				<u>1e</u>	
f Ending balance .				1f	
2a Did the organization include an a		90, Part X, line 21	7		Yes No
b If 'Yes,' explain the arrangement			107 11 5	200 5 1 11/1 10	
Part V Endowment Funds Co					
	(a) Current year	(b) Prior yea	r (c) Two years ba	ack (d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage		balance held as			
a Board designated or quasi-endov	vment ►	%			
b Permanent endowment ▶	8				
c Term endowment ►	%				
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and adr	ninistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	organizations lister	d as required on S	chedule R?		3b
4 Describe in Part XIV the intended	duses of the orga	nization's endowm	ent funds		
Part VI Investments—Land, B	uildings, and I	Equipment. Sec	e Form 990, Part 2	X, line 10.	
Description of investment	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land			1,833,012.		1,833,012.
b Buildings					
c Leasehold improvements.					
d Equipment					
e Other					
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 9	90, Part X, column	(B), line 10(c))	•	1,833,012.
BAA				Sched	dule D (Form 990) 2008

Schedule D (Form 990) 2008 Community Health I			57-1157153	Page 3
Rart VII' Investments-Other Securities See Fo	orm 990, Part X, Iin	e 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	Cost o	c) Method of valuation rend-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
				
				
T-1-1 (0.1 - (1.				
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.) ► Part VIII Investments—Program Related (See F	Form 000 Port V I	uno 12\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·	
(a) Description of investment type	(b) Book value			
(a) Description of investment type	(b) Book value	Cost o	c) Method of valuation r end-of-year market value	
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)	L 15\ 27/3			
Part IX Other Assets (See Form 990, Part X,			(L) D. al.	
(a) De	scription		(b) Book	value
 .				
				
		<u> </u>		
				
		·		
Total. Column (b) Total (should equal Form 990, Part X, co	l (B), line 15)		-	
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				1
				į
				1
Total. Column (b) Total (Should Equal Total 350, Tall X, Col (b) and Esy	<u> </u>			
In Part XIV, provide the text of the footnote to the organiza	tion's financial stateme	nts that reports the o	rganization's liability for uncert	ain tax

2 Total expenses (Form 990, Part IX, column (A), Inte 25) 3 Excess or (deficit) for the year Substract line 2 form line 1 4 Net unrealized gains (losses) on investments 5 Donaled services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) See Part: XIV 9 Total adjustments (rei). Add lines 4.8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per functional statements. Combine lines 3 and 9 2 Anounts included on line 1 but not on Form 990, Part Vill, line 12 a Net urrealized gains on investments 1 1 11, 483, 986 2 Anounts included on line 1 but not on Form 990, Part Vill, line 12 a Net urrealized gains on investments b Donaled services and use of facilities c Recovered prior year grains d O'ther (Describe in Part XIV) 2 Add lines 2 through 24 3 Subtract line 2 through 24 3 Subtract line 2 through 24 3 Anounts included on Form 990, Part Vill, line 12, but not on line 1: a Investments expenses not included on Form 990, Part Vill, line 7b b Other (Describe in Part XIV) c Add lines 2 through 24 5 Total resemble Application of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 1 Total expenses and tosses per audited financial statements With Expenses per Return 2 Anounts included in line 1 but not on Form 990, Part IX, line 25 2 Anounts included in line 1 but not on Form 990, Part IX, line 25 2 Counties the part XIV) 2 Add lines 2 at Invusp 24 3 Subtract line 2 from line 1 4 An	Schedule D (Form 990) 2008 Commun.	ity Health Foundation, Inc.		57-11571	.53 Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (delicity) for the year Subtract line 2 form ine 1 4 Net unrealized gains (losses) on investments 5 Onaled services and use of facilities 6 investment expenses 7 Prior period adjustments 8 Other (Ossenbe in Part XIV) 9 Total adjustments (rep). Add lines 48 10 Excess or (delicit) for the year per financial statements. Combine lines 3 and 9 10 Excess or (delicit) for the year per financial statements. Combine lines 3 and 9 11 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements 2 Anounts included on line 1 but not on Form 990, Part VIII, line 12 a Net urmealized gains on investments 5 Donaled services and use of facilities 6 Crecoveries of prior year grants 6 Other (Describe in Part XIV) 2 Add lines 2 at through 24 2 a Subtract line 26 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b 5 Dother (Describe in Part XIV) c Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenues and lises be pre audited financial Statements 1 Total expenses and lises be pre audited financial statements 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities 5 Part XIII (Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and lises per audited financial statements 2 Amounts included on Form 990, Part IX, line 25 2 Columbia (Part XIV) 2 Add lines 2 at through 24 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part IX, line 25 2 Columbia (Part XIV) 2 Add lines 2 at through	Part XI Reconciliation of Chan	ge in Net Assets from Form 990 to	Financial Statements	3	
3 Excess or (defact) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) See Part XIV 9 Total adjustments (reit). Add lines 4-8 10 Excess or (defact) for the year per faminonal statements Combine lines 3 and 9 9 77, 510 9 Total adjustments (reit). Add lines 4-8 10 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Financial Statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Ce. do dother (Describe in Part XIV) a Add lines 2 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 5 Total expenses and loses 3 and 4c. (This should equal Form 990, Part I, line 12) 1 Total expenses and loses 9 per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 1 Total expenses and use of facilities b Prior year adjustments 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities 3 Captility of the service of the perior of the perior of the perior of the perior					11,483,986.
3 Excess or (defact) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) See Part XIV 9 Total adjustments (reit). Add lines 4-8 10 Excess or (defact) for the year per faminonal statements Combine lines 3 and 9 9 77, 510 9 Total adjustments (reit). Add lines 4-8 10 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Financial Statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 Ce. do dother (Describe in Part XIV) a Add lines 2 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 5 Total expenses and loses 3 and 4c. (This should equal Form 990, Part I, line 12) 1 Total expenses and loses 9 per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 1 Total expenses and use of facilities b Prior year adjustments 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities b Prior year adjustments 5 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities 3 Captility of the service of the perior of the perior of the perior of the perior					
A Net unrealized gians ((insees) on investments 5	•				9,159,743.
5 Donaled services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) See Part XIV 9 T7, 510 10 Excess or (celerol for the year per hancial statements Combine lines 3 and 9 10 Excess or (celerol for the year per hancial statements Combine lines 3 and 9 10 Excess or (celerol for the year per hancial statements Combine lines 3 and 9 11 Total arvenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 5 Donated services and use of facilities 6 Recoveries of prior year grants 6 Other (Describe in Part XIV) e Add lines 2 a through 2d 3 Subtract line 2 a through 2d 3 Subtract line 2 at through 2d 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses and tisses per audited financial statements 1 Total expenses and tisses per audited financial statements With Expenses per Return 1 Total expenses and tisses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 1 Total expenses and tisses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2 a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2 a through 2d 5 Total expenses Add thenes 3 and 4c (This should equal Form 990, Part II, line 18) 5 Z, 324, 243 2e 10 Control of the Control of the Part III, line 7b b Other (Describe in Part XIV) e Add lines 2 a through 2d 5 Total expenses Add thenes 3 and 4c (This should equal Form 990, Part II, line 18) 5 Z, 324, 243 2e 1 Amounts included on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2 and 4d, and Part XIII, lines 2d and 4d, and Part XII					
6 investment expenses 7 Proferopend adjustments 8 Other (Describe in Part XIV) See Part XIV 9 Total adjustments (rel). Add lines 48 10 Excess or (death) for the vary per Inancial statements Combine lines 3 and 9 9, 237, 253 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gans, and other support per audited Inancial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gans on investments b Donaled services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2 at through 2d 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses and included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 b Prior year adjustments 1 Cusses reported on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Form 990, Part IX, line 25 b Colorate (Part XIV) c Add lines 2 a through 2d 3 Subtract line 2 from 1 in 1 3 2, 324, 243 4 Described in Part XIV) c Add lines 2 a through 2d 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part III, lines 18) 5 2, 324, 243 Fart XIV Supplemental Information Form Yave Yave Yave Yave Yave Yave Yave Yave					
7. Pror period adjustments 8. Other (Describe in Part XIV) See Part: XIV 9. Total adjustments (net). Add lines 4:8 10. Total adjustments (net). Add lines 4:8 10. Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 11. Total revenue, gains, and other support per audited financial statements 2. Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3. Subtract line 2e from line 1 4. Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5. Total revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) b Part XIII [Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1. Total expenses and losses per audited financial statements 2. Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3. 3. 2, 324, 243 4. 24 4. 25 4. 26 4. 27 4. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 2. 3. 11, 483, 986 4. 4. 3. 11, 483, 986 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4					
8 Other (Describe in Part XIV) See Part: XTV 77, 510 77, 510 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 9, 237, 253 9, 237, 253 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 3 and 9 1 11, 483, 986 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments be Donaled services and use of facilities 2 b	•				
9 Total adjustments (net). Add lines 4-8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 9, 237, 253 Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 a Net unrealized gains on investments 2 bonated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part II, line 12) 5 11, 483, 986 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 a Donated services and use of facilities 5 1 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 a Donated services and use of facilities 1 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial Statements 2 a Donated services and use of facilities 5 a Donated services and use of facilities 6 a Donated services and use of facilities 7 a Donated services and use of facilities 8 a Donated services and use of facilities 9 a Donated services a		Part XIV			77 510
10. Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donaled services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIV) 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a linvestiments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 5 Total revenue Add lines 3 and 4c; (This should equal Form 990, Part I, line 12) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments b Prior year adjustments b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) 2 d 3 Subtract line 2e from line 1 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments 2 D 4 C 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments 2 D 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part IX, line 25 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part III, line 18) 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part III, line 18) 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part III, line 18) 5 Total evenues Rodd lines 3 and 4c; (This should equal Form 990, Part III, lines 10 and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b	•				
Part XII Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return	•		\		
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments b Donated services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIV) 2 dd 2 d 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total revenue and lines 3 and 4c. (This should equal Form 990, Part IX. line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX. line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on line 1 but not on Form 990, Part IX. line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX. line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 5 Total expenses and included on Form 990, Part IX. line 25 d Other (Describe in Part XIV) e Add lines 2a from line 1 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b				r Return	5,251,255.
2 a Net unrealized gains on investments bonated services and use of facilities c Recoveries of prior year grants d 2c d d lines 2a through 2d 2d 2d d 2d d 2d d 2d d 2d d 2d d 2			nts with Nevenue per		11 483 986
a Net unrealized gains on investments b Donated services and use of facilities c Recoveres of prior year grants d Other (Describe in Part XIV) 2d 2d 2d 2d 3 Subtract line 2e from line 1 3 11,483,986 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11,483,986 4 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11,483,986 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part IX, line 25 a Donated services and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 2b 2c 2c 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25 2c 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b 5 Total expenses and lines 3 and 4c (This should equal Form 990, Part III, lines 18) 5 2,324,243 Part XIV Supplemental Information 5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				- ' 	11,405,500.
b Donaled services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11, 483, 986 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 L2 b C2 d Other (Describe in Part XIV) Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) A Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) A Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestments expenses and included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) A Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestments expenses and included on Form 990, Part III, line 7b b Other (Describe in Part XIV) A Amounts included on Form 990, Part IX, line 25, but not on line 1: a linestments expenses and included on Form 990, Part III, line 7b b Other (Describe in Part XIV) A Amounts included on Form 990, Part III, line 7b b Other (Describe in Part XIV) C Add lines 4a and 4b C 2a C 2a C 3 Subtract line 2e from line 1 C 3 2, 324, 243 C 4 C 5 C 6 C 6 C 6 C 7 C 7 C 7 C 7 C 7 C 7 C 7			ا م ما	[[
c Recoveries of prior year grants d Other (Describe in Part XIV) 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11, 483, 986 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses in included on Form 990, Part IX, line 25, but not on line 1: a line state of the Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11, 483, 986 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and uses of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2,324,243 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 2d and 4b line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIIII, lines 2d and 4b		es .		 	
e Add Imes 2a through 2d 3 Subtract line 2e from line 1 4 Armounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Part XIII ReConciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2,324,243 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 2,324,243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b	· · · · · · ·			<u> </u>	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments 2 b			2d		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part XV, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	——————————————————————————————————————			 	
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11,483,986 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			()	3	_11,483,986.
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11, 483, 986 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3 2, 324, 243 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part IIII, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
c Add Imes 4a and 4b 5 Total revenue Add Ines 3 and 4c. (This should equal Form 990, Part I, line 12.) 6 11,483,986 Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	a Investments expenses not included	on Form 990, Part VIII, line 7b			
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 11, 483, 986 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 17 (Part XIV) Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	b Other (Describe in Part XIV).		4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	c Add lines 4a and 4b			4c	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					11,483,986.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2, 324, 243 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	Part XIII Reconciliation of Expe	<u>nses per Audited Financial Statem</u>	ents With Expenses	<u>per Return</u>	
a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part II, lines 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	 Total expenses and losses per audit 	ted financial statements		1	2,324,243.
b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2, 324, 243 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	2 Amounts included on line 1 but not	on Form 990, Part IX, line 25			
c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2,324,243 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2,324,243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	a Donated services and use of facilities	es	2a		
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	b Prior year adjustments		2 b		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2, 324, 243 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	c Losses reported on Form 990, Part	IX, line 25	2 c		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Z, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	d Other (Describe in Part XIV).		2 d		
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Z, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	e Add lines 2a through 2d			2 e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	_			3	2,324,243.
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 Z, 324, 243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	4 Amounts included on Form 990, Par	t IX, line 25, but not on line 1:			
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) Fart XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			4a		
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) 5 2,324,243 Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		·	4b		
Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18) The part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	,		<u> </u>	4c	
Part XIV Supplemental Information Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		(This should equal Form 990, Part I, line 1	8)	5	2,324,243.
Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b					
Sabadula D. (Tarra 000) 200	Complete this part to provide the descript line 4, Part X, Part XI, line 8, Part XII, line 4, Part XII, line 4, Part XII, line 5, Part XII, line 6, Part XII, line 6, Part XII, line 7, Part XII, line 8, Part XII, line 8, Part XII, line 9, Part XIII, line 9, Part X	ions required for Part II, lines 3, 5, and 9; Fes 2d and 4b, and Part XIII, lines 2d and 4l	Part III, lines 1a and 4; Par	t IV, lines 1b	and 2b, Part V,
Sabadula D. (Tarra 000) CM		·			-
Sabadula D (Tarra 000) 200					
	RAA	TEF A 3304 12/23/08		Schodule	D (Form 990) 2009

Scriedule D	(FOIM 990) 2008	Page:
Part XIV	Supplemental Information (continued)	
<u>-</u>		
		

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2 Open to Public Inspection Yes Employer identification number 57-1157153 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Community Health Foundation, Inc Department of the Treasury Internal Revenue Service Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Name and address of organization (b) EIN (c) IRC section (d) Amount fapplicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	_				
					_
organizations				A	
1 1 1 1 1 9		organizations	organizations	organizations	

Schedule 1 (Form 990) 2008

TEEA3901L 12/19/08

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 57-1157153 (e) Method of valuation (book, FMV, appraisal, other) - On July 23, 2009, the Foundation's board approved a grant totaling \$816,507. The __grant_is_the_result_of_the_Foundation's_commitment_to_assess_the_needs_of_the (d) Amount of non-cash assistance communities served and assist in meeting the assessed needs. 281,618 21,768 (c) Amount of cash grant Community Health Foundation, 388 18 (b) Number of recipients _ Part IV - Additional Supplemental Information _ Scholarship & Tuition Assistance Individual Hardship Assistance (a) Type of grant or assistance Schedule I (Form 990) 2008 Part III BAA

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

Community Health Foundation, Inc. 57-1157153	I		
Part I Questions Regarding Compensation			
		Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
First-class or charter travel Housing allowance or residence for personal use			
Travel for companions Payments for business use of personal residence			
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of			
of the expenses described above? If 'No,' complete Part III to explain.	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors			
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	s, 2		
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's			
CEO/Executive Director Check all that apply			
X Compensation committee Written employment contract			
X Independent compensation consultant X Compensation survey or study			
X Form 990 of other organizations X Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a			i
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	ĺ		
• • • • • • • • • • • • • • • • • • • •			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			İ
a The organization?	5a		Х
b Any related organization?	5b		Х
If 'Yes' to line 5a or 5b, describe in Part III			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			}
contingent on the net earnings of			L '
a The organization?	6a		Х
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III		_	
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not			
described in lines 5 and 6? If 'Yes,' describe in Part III	7		<u>X</u>
8 Were any amounts reported in Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the initial	al		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the inition contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III	8		X

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

Schedule J (Form 990) 2008

57-1157153

Page 2

Schedule J (Form 990) 2008 Community Health Foundation, Inc.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(uı) Other compensation	compensation	benefits	(G)·(I)(B)	reported in prior Form 990 or Form 990-EZ
Thomas Randolph	0()		0.	0.	Į.	0	0.
	149,71	0	0	5, 505.	10,916	166,138	0.
Ronnie D. Rollin	0()		0.	0	1	0	
	(ii) 699, 680		0	9,200.	12,926.	721,806.	
Lorraine T. Tayl	0()		0.	0.	1	0	0.
	312,			9,200.	10,525.	332,095.	
H. Dean Shuford	0(0)		0.	0	1 :	i i	0
	499,			12,004.	12,154.	523,838.	0.
Mark A. Waldrop	0	0 0 -	00	0.	0.	0	0.
)	(ii) 540, 650	0	0	9, 200.	12,325.	562,175.	
	()						
	()						
)		 	 	! ! ! ! !		 	1 1 1 1 1 1 1 1 1 1
		 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		1 1 1 1 1 1 1 1 1 1
	0						
)		 		 	 	 	
	(0)						
			i I		 	 	
)					l	 	
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1			
	(ii)						
<u>-</u>	(0)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	'
	(i)						
	(₀	 	 	; ; ; ; ;			
	(ii)						
	(0)	 	1 1 1				
	(E)						
- \							
)	(0)						
DAA			TEEA4102L 08/11/08	1/08		Schedi	Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

57-1157153 Community Health Foundation, Inc Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. Four of the six directors of the Organization, Messrs. Wall, Patton, Cable and Jones, are also members of the board of directors of Community Health Ventures, _Inc., a taxable Georgia corporation, which is a related organization. This_director _overlap_creates_a_business_relationship._ A_business_relationship_is_also_created among each of the four overlapping directors of the Organization, T. Randolph Coody and Lorraine T. Taylor, and among Mr. Coody and Ms. Taylor as to each other, in each case by virtue of their respective service as directors or officers, as applicable, in both the Organization and Community Health Ventures, Inc. Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents On May 29, 2009, the Organization amended its Articles of Incorporation to expand the Organization's purposes to assist the State of Georgia's Council on Aging by providing and managing funds and other support for the "Project 2020: Georgia for a Lifetime" program, a new health program designed to help assess and meet the needs, especially health care needs, of the elderly in Georgia. Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder The Organization has a sole member, Community Health Systems, Inc., a nonprofit Georgia corporation. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body Under the Organization's Bylaws, while it is the sole member of the Organization, Community Health Systems, Inc., as a Type I Section 509(a)(3) and Section 501(c)(3) supporting organization, has the sole right to elect, replace and to remove the members of the Organization's board of directors and shall ensure that at all times, a majority of the members of the Organization's board of directors shall be composed of persons who are concurrently serving as members of the board of directors of Community Health Systems, Inc.

Name of the Organization Community Health Foundation, Inc.	Employer identification number 57–1157153
Form 990, Part VI, Line 10 - Form 990 Review Process	
This process involves the electronic posting of the draft Form	990 with all its
schedules for the Organization's board of directors to review f	ollowed, after a
sufficient review period, by a meeting of the board at which bo	ard members will have
the opportunity to ask questions of management and the outside	tax_advisors_involved
in the preparation of the Form 990.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	flicts
The organization regularly and consistently monitors and enforc	es compliance with
its conflicts of interest policy. Such compliance is effectuat	ed through the
Organization's board of directors' review of annual conflict di	sclosure statements
from the directors as well as receipt and review of conflict di	sclosure statements
with respect to certain proposed transactions or arrangements t	he Organization is
considering prior to any board action with respect to such matt	ers. The conflicts
policy outlines the specific procedure to be followed to determ	ine whether
interested persons have actual conflicts of interest. If it is	determined that a
board member has an actual conflict of interest, then such boar	d member is not
allowed to participate in the board deliberations on the specif	ic matter and is
excused from, and is not allowed to participate in any board vo	te on the matter.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
The Organization regularly and consistently complies with the consistently complies with the consistently complies with the consistently complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistent consistent complies with the consistent complies with the consistent complies with the consistent complies with the consistency complies with the consistency complies with the consistency complies with the consistency complies with the consistency co	ompensation approval
process which is part of its conflicts of interest policy. Every	ry two to three
years, on average, the Organization participates in a comprehen-	sive process
conducted on its behalf by the compensation committee of the bo-	ard of directors of
Community Health Systems, Inc., its sole member and parent of the	he integrated health
care delivery system in which the Organization is a member. The	is process involves
review of comparability data compiled by an independent third-parameters	arty compensation
consultant. Comparability data is gathered for the Organization	n's senior

Name of the brganization Employer identification number Community Health Foundation, Inc. 57~1157153 Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees (continued) management, and on occasion, key or highly compensated employees, and, based on the same, the consultant issues a written report reflecting the consultant's opinion concerning whether the proposed compensation arrangements constitute reasonable compensation under Section 4958 of the Code. This process is conducted by the compensation committee, which then makes recommendations to the board of directors. The board of directors is also provided with materials regarding the compensation review, including copies of the consultant's report. The board then votes as to the reasonableness of each of the individual compensation arrangements (if any disqualified or otherwise conflicted individuals are present at the meeting, they do not participate in the deliberations and are excused from the room during the vote). The process is designed and carried out by the board of directors in a manner designed to satisfy all three of the requirements necessary to establish the rebuttable presumption of reasonableness with respect to compensation arrangements for disqualified persons under Section 53.4958-6 of the Regulations. As part of this process, outside counsel is retained to further advise the board on the rebuttable presumption process and to provide the board with a legal opinion regarding the same. As a final step, each part of the process required to establish the rebuttable presumption is documented using the Rebuttable Presumption Checklist released by the IRS Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available The Organization's governing documents, conflict of interest policy and financial statements are available for public inspection upon request in accordance with the Section 6104(d) disclosure requirements.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Part I Identification of Disregarded Entities

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 57-1157153 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions. Community Health Foundation, Inc.

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Health Scholarships of GA, LLC P.O. Box 1833					
Macon, GA 3120258-1805305	Scholarship	מ	-152 412	917 359	MA
GFAL, LLC P.O. Box 1833					
<u>Macon, GA 31202</u>	Grant/Assistance to Gov't.	GA	36,002.	965.	NA
Part II Identification of Related Tax-Exempt Organizations	suc				
***	į				

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Legal domicile (state exempt Code section Public charity status or foreign country) (if section 501(c)(3))	(F) Direct controlling entity
Clinical Services, Inc.					
	Clinical &		=		
Macon, GA 31032	Healthcare				
57-1157115	Services	GA	501 (c) (3)	Line 9	NA
Community_Health_Systems,_Inc					
P.O. Box 1037					
i					
74-3083593	Support Services	GA	501 (c) (3)	Ln 11, Type 1	NA
Community Rehabilitation Services, Inc.					
Macon, GA 31202	Rehabilitation				
	Services	GA	501 (c) (3)	Line 9	NA
	_				

Schedule R (Form 990) (2008)

TEEA5001L 12/23/08

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

Schedule R (Form 990) 2008 Community Health Foundation, Inc.

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	No					
Gene	Yes					
1 100	(Form 1065)					
(H) Disproportionate allocations?	Yes No		· =			
Share of total income Share of end-of-year assets						
(F) Share of total income						
Predominant income (related, investment, unrelated)						
y Activity Legal Direct domicile controlling entity (state or foreign						
(C) Legal domicile (state or foreign	country)					
(B) Primary Activity						
(A) Name, address, and EIN of Primary Activity related organization						

Part IV Identification of Related Organizations Taxable as		a Corporation or Trust	ust				
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(B) (C) (D) (D) (E) (F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(H) Percentage ownership
Community Health Ventures, Inc.							
Macon, GA 31201 20-1392241	Risk Mgmt.	GA	CHSI	C corp	0.	0.	
			-				

Schedule R (Form 990) (2008)

TEEA5002L 12/23/08

BAA

Page 3

Part V Transactions With Related Organizations

Note Complete line 1 if any entity is listed in Parts II, III, or IV		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1 b
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
		+
j Lease of facilities, equipment, or other assets from other organization(s)		_
I Performance of services of membership or fundralising solicitations by other organization(s)		
n Sharing of paid amplaces, equipment, maining lists, or other assets		
il Silainiy oi paid eripioyees		V u
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		7 X
r Other transfer of cash or property from other organization(s)	•	1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction threshol	sp
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Clinical Services, Inc.	н	77,024.
(2) Community Health Systems, Inc.	ı	200,004.
(3) Community Rehabilitation Services, Inc.	ы	372,243.
(4) Health Scholarships, Inc.	ы	5,589,021.
(5) Hoslth Systoms Parilities Inc	\$. 1
	7	3,313,301.
(6) Home & Community Services, Inc.	ı	249,019.
BAA TEEA5003L 07/02/08	Schedule R	Schedule R (Form 990) (2008)

Schedule R (Form 990) 2008 Community Health Foundation, Inc.

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Incile Are all partners section 501(c)(3) Oreign 501(c)(3) Organizations?	Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	l or
			Yes No	0	Yes No		Yes	No
ВАА		TEEA5004L 01/21/09				Schedule R (Form 990) (2008)	390) (50	(8)

57-1157153

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) . Direct controlling Entity
Health Scholarships, Inc.					
Gray, GA 3103258-1805305	Operation of HC Facilities	ď.	501 (c) (3)	T.ine 9	AN
Health Systems Facilities, Inc.					
Gray, GA 31032	Operation of HC Facilities	GA	501 (c) (3)	Line 9	NA
Health Systems Real Estate, Inc.					
Gray, GA 31032	Real Estate	GA	501 (c) (3)	Line 9	NA
Home & Community Services, Inc.					
<u>Macon, GA 31202</u>	Home Care & Related Services	S.	501(c) (3)	Line 9	NA
Pharmacy Services, Inc.					
<u>Macon, GA 31201</u>	Pharmaceutical & Medical Supplies	GA	501 (c) (3)	Line 9	NA
Pledmont Regional Health, Inc.					
Gray, GA 31032	Operation of HC Facilities	GA	501 (c) (3)	Line 9	NA
_System_Administrative_Services, Inc					
<u>Gray, GA 31032</u> 43-2007486	Administrative Services	GA	501(c)(3)	Line 9	NA
ВАА	TEEA5102L 07/02/08	7/02/08		Schedule	Schedule R-1 (Form 990) 2003

Inc.	
Foundation,	
Health	
Community	
orm 990) 2008	
Schedule R-1 (Fo	

Schedule R-1 (Form 990) 2008 Community Health Foundation, Inc.	57-11	57-1157153 Page 5
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	art V, line 2)	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
Pharmacy Services, Inc.	ı	427,397.
Piedmont Regional Health, Inc.	н	755, 915.
System Administrative Services, Inc.	Д	199,466.
BAA TEEA5105L 07/07/08	Sched	Schedule R-1 (Form 990) 2008

2008 [.]	Schedule D, Part XIV - Supplemental Inform	nation	Page 6
Client CHFOUND	Community Health Foundation, Inc.		57-1157153
4/20/10			12·31PM
Schedule D, Part Other Changes I	XI, Line 8 n Net Assets Or Fund Balances		
Equity Contri	bution from Other Member of Int. HC Del. System	Total \$	77,510. 77,510.

.

2008

Federal Supplemental Information

Page 1

Client CHFOUND

Community Health Foundation, Inc.

57-1157153

4/20/10

12 31PM

Form 990, Part V, Line 7g - The Organization did not receive any intellectual property and is not required to file Form 8899.

Form 990, Part V, Line 7h - The Organization did not receive any cars, boats, airplanes or other vehicles and is not required to file Form 1098-C.

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	
• If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2	of this form).
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previous	usly filed Form 8868.
Part II: A	Automatic 3-Month Extension of Time. Only submit original (no copies needs	ed).
	required to file Form 990-T and requesting an automatic 6-month extension — check this box	
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to re iturns.	quest an extension of time to file
returns noted the additional Form 990-T. I	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic e below (6 months for a corporation required to file Form 990-T). However, you cannot file Form (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns nstead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For mot www.irs.gov/efile and click on e-file for Charities & Nonprofits.	1 8868 electronically if (1) you want
	Name of Exempt Organization	Employer identification number
Type or		
print	Community Health Foundation, Inc.	57-1157153
ile by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for iling your eturn. See	P.O. Box 1833	
eturn. See nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
1	Macon, GA 31202	
	f return to be filed (file a separate application for each return):	
X Form 990		n 4720
Form 990		n 5227
⊢		
Form 990		n 6069
Form 990	-PF Form 1041-A Form	n 8870
The books	are in the care of Community Health Foundation	
Telephone	No. ► (478) 621-2050 FAX No. ►	
	anization does not have an office or place of business in the United States, check this box	
-	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is for the whole group
	box I if it is for part of the group, check this box I and attach a list with the nar	
	sion will cover.	nes and Ents of all members
	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of	time
•	$\frac{2}{15}$, 20 $\frac{10}{10}$, to file the exempt organization return for the organization named at	
	ension is for the organization's return for:	00ve
	· · · · · · · · · · · · · · · · · · ·	
▶ \\	calendar year 20 or tax year beginning $7/01$, 20 08 , and ending $6/30$, 20 09	
4	(ax year beginning _ 1/21 , 20 _ 00 _ , and chang _ 0/30 , 20 _ 00 _	
2 If this ta	x year is for less than 12 months, check reason. Initial return Final return	Change in accounting period
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any obtained by the contractions.	3a \$ 0.
b If this ap made. In	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment oclude any prior year overpayment allowed as a credit	ЗЫ\$ О.
c Balance deposit See inst	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) ructions.	. 3c \$ 0.
Caution. If yo	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO an uctions.	d Form 8879-EO for

Form 8868 (Rev 4-2009)

Form 886	3 (Rev 4-2009)					Page 2
• If you	are filing for an Addition	al (Not Automatic) 3-Month E	xtension, complete onl	y Part II and check the	his box	► X
Note. Only	y complete Part II if you h	nave already been granted an	automatic 3-month ext	ension on a previous	ly filed Form 8868	_
• If you		ic 3-Month Extension, comple				
Part II	Additional (Not Au	tomatic) 3-Month Exten	sion of Time. Only	file the original (no copies need	led).
	Name of Exempt Organization				Employer identification	number
Type or				The state of the s		
print	Community Heal	th Foundation, Inc.	_ 		57-1157153	
F.L. L. 10	Number, street, and room or se	uite number. If a P O box, see instruction	ons		For IRS use only	
File by the extended	McNair, McLemo:	re, Middlebrooks				
due date for filing the	Post Office Box					
return See instructions	City, town or post office, state,	and ZIP code For a foreign address, se	ee instructions		The first	
	Macon, GA 3120	2-0001		The suiters are a second secon	, uni	-
Check typ	e of return to be filed (Fi	le a separate application for e	each return)			
XForm	990 🔲 Fo	rm 990-PF		Form 1041-A	F	orm 6069
Form	990-BL Fo	rm 990-T (section 401(a) or 4	-08(a) trust)	Form 4720	F∈	orm 8870
Form	990-EZ Fo	rm 990-T (trust other than ab	ove)	Form 5227		
		ou were not already granted a		xtension on a previo	ously filed Form 88	68
	— —	munity Health Four	<u>dation</u>			
•	none No ►_(<u>478)</u> _62:		X No ►			
If the	organization does not hav	ve an office or place of busine	ess in the United States	, check this box		▶ [_]
If this	is for a Group Return, en	ter the organization's four dig	it Group Exemption Nu	mber (GEN).		If this is for the
whole gro	up, check this box	If it is for part of the group	, check this box 🕒 📘	and attach a list with	h the names and E	INs of all
	the extension is for					
		th extension of time until $-rac{5}{2}$				
		or other tax year beginning _				
	_	12 months, check reason.			Change in acco	
		the extensionTaxpay				
<u>_ga</u>	<u>ther_information</u>	necessary to file	<u>a_complete_and</u>	<u>accurate tax</u>	<u>return.</u>	
	is application is for Form efundable credits. See in	990-BL, 990-PF, 990-T, 4720, structions	or 6069, enter the tent	tative tax, less any	8a \$	
b If th	is application is for Form	990-PF, 990-T, 4720, or 6069 prior year overpayment allow	, enter any refundable o ed as a credit and any	credits and estimated amount paid previous	d tax	
	Form 8868.				8b \$	
		o from line 8a Include your pa ed, by using EFTPS (Electroni				
			re and Verificatio			
Under penalt correct, and	es of perjun. I declare that I have complete, and hat I am authorized	examined this form, including accompa to prepare this form	_	ts, and to the best of my kno		. 1
Signature •	tab5	Title	CPA		Date ►	2/11/2010

FIFZ0502L 03/11/09

BAA

Form 8868 (Rev 4-2009)