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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2008**Open to Public  
Inspection**A For the 2008 calendar year, or tax year beginning****10/01, 2008, and ending****09/30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CULPEPER REGIONAL HEALTH SYSTEM</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>501 SUNSET LANE</b> City or town, state or country, and ZIP + 4 <b>CULPEPER, VA 22701-0592</b>	<b>D</b> Employer identification number <b>52-1366700</b>
		<b>E</b> Telephone number <b>(540) 829-4301</b>
		<b>G</b> Gross receipts \$ <b>4,934,185.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer <b>H LEE KIRK JR</b> <b>501 SUNSET LANE CULPEPER, VA 22701</b>		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <b>WWW.CULPEPERHOSPITAL.COM</b>		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation <b>1985</b> <b>M</b> State of legal domicile <b>VA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>THE ORGANIZATION'S MISSION IS TO SUPPORT THE MISSION OF CULPEPER REGIONAL HOSPITAL.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>14</b>		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>12</b>		
	<b>5</b> Total number of employees (Part V, line 2a) <b>5</b> <b>NONE</b>		
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>NONE</b>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a</b>		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>NONE</b>			
<b>Revenue</b>	<b>8</b> Contribution and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2a)		<b>2,194,171.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,547,011.</b>	<b>99,805.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>22.</b>	<b>1,724,033.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>496,387.</b>	<b>647,287.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,043,420.</b>	<b>4,665,296.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>3,000.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>NONE</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>801,793.</b>	<b>1,158,680.</b>
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25 ▶ <b>32,484.</b>		<b>NONE</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,256,032.</b>	<b>1,618,738.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,057,825.</b>	<b>2,780,418.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-14,405.</b>	<b>1,884,878.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>10,172,854.</b>	<b>25,342,641.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,169,728.</b>	<b>365,403.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,003,126.</b>	<b>24,977,238.</b>
	<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>10,172,854.</b>	<b>25,342,641.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,169,728.</b>	<b>365,403.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,003,126.</b>	<b>24,977,238.</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>H. Lee Kirk, Jr.</u> Type or print name and title <u>President &amp; CEO</u>	Date <u>9.24.2010</u>
<b>Paid Preparer's Use Only</b>	Preparer's signature <u>[Signature]</u>	Date <u>09/22/2010</u>
	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>P01074058</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>COHEN, RUTHERFORD + KNIGHT, PC</u> <u>6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800</u>	EIN <u>52-1202280</u> Phone no <u>301-828-1008</u>
May the IRS discuss this return with the preparer shown above? (See instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)JSA  
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**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO SUPPORT THE MISSION OF CULPEPER  
REGIONAL HOSPITAL.

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

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 2,107,113. including grants of \$ \_\_\_\_\_) (Revenue \$ 99,805.)

POWELL WELLNESS CENTER, LLC, A WHOLLY-OWNED SUBSIDIARY AND  
DISREGARDED ENTITY, BEGAN OPERATIONS IN AUGUST 2007 AND  
OPERATES A WELLNESS CENTER CONSISTENT WITH, AND IN SUPPORT  
OF, THE MISSION OF CULPEPER MEMORIAL HOSPITAL.

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

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

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► \$ 2,107,113. (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> 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		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> 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		X
<b>7</b> 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		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
<b>9</b> 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		X
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<b>12</b> 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		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		X
<b>b</b> 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		X
<b>15</b> 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		X
<b>16</b> 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		X
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> 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		X
<b>27</b> 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		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</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> . . . . .	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)



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

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.</i>		
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	14
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	12
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b> 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 . . . . .	<b>10</b>	X
<b>11</b> 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 . . . . .	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	X
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► VA

**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 ☒ 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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CULPEPER REGIONAL HOSPITAL 501 SUNSET LANE CULPEPER, VA 22701-0592  
540-829-4301

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

**1a** Complete this table for all persons required to be listed. 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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CONSTANCE KINCHELOE IMMEDIATE PAST BOARD CHAIR	4.	X						NONE	NONE	NONE
KARL BEIER MD CHAIR	40.	X		X				NONE	NONE	NONE
MICHAEL ARM VICE CHAIR	5.	X		X				NONE	NONE	NONE
WILLIAM CANNON JR TREASURER	4.	X		X				NONE	NONE	NONE
SALLY CANAVAN CHAIR- CRHS AUXILIARY	4.	X						NONE	NONE	NONE
TOM REYNOLDS MD TRUSTEE	2.	X						NONE	NONE	NONE
CHARLES CRIST CHAIR, FREE CLINIC OF CULPEPER	2.	X						NONE	NONE	NONE
FREDERICK GETTY TRUSTEE	2.	X						NONE	NONE	NONE
H LEE KIRK JR EX-OFFICIO	40.	X						NONE	375,059.	20,123.
C WAYNE HAWKINS SECRETARY	2.	X		X				NONE	NONE	NONE
H B SEDWICK CHAIR, CRHS REAL ESTATE	2.	X						NONE	NONE	NONE
DR BREVARD WALLACE CHAIR POWELL WELLNESS CENTER	2.	X						NONE	NONE	NONE
SAMUEL MORGAN SENIOR VICE PRESIDENT & CFO	40.			X				NONE	155,269.	3,514.
JOHN G MAXWELL SR VICE PRESIDENT & COO	40.			X				NONE	NONE	NONE





**Part VIII Statement of Revenue**

52-1366700

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	1,457,365.			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	172,653.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	564,153.			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		24,884.			
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		<b>2,194,171.</b>			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	PWC ENROLLMENT REVENUE		99,805.	99,805.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		<b>99,805.</b>			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . STMT 1 . . . . .		99,773.			99,773.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .	632,845.				
	<b>b</b>	Less rental expenses . . . . .	258,922.				
	<b>c</b>	Rental income or (loss) . . . . .	373,923.				
	<b>d</b>	Net rental income or (loss) . . . . .		373,923.			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	1,624,260.				
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .	1,624,260.				
	<b>d</b>	Net gain or (loss) . . . . .		1,624,260.			
	<b>8a</b>	Gross income from fundraising events (not including \$ 77,958. of contributions reported on line 1c) See Part IV, line 18. . . . .	STMT 14 33,079.				
	<b>b</b>	Less direct expenses . . . . .	9,967.				
	<b>c</b>	Net income or (loss) from fundraising events .	STMT 15 . . . . .	23,112.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
<b>b</b>	Less cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	PWC CAFE		22,606.	22,606.			
<b>b</b>	PWC MISC INCOME		11,411.	11,411.			
<b>c</b>	PWC KID'S CO		3,168.	3,168.			
<b>d</b>	All other revenue . . . . .		213,067.	213,067.			
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		<b>250,252.</b>				
<b>12</b>	<b>Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .</b>			<b>4,665,296.</b>	<b>350,057.</b>		<b>99,773.</b>

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE	NONE		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	3,000.	3,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	NONE	NONE		
4 Benefits paid to or for members . . . . .	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	NONE			NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			NONE
7 Other salaries and wages . . . . .	963,286.	644,674.	318,612.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			NONE
9 Other employee benefits . . . . .	195,394.	169,249.	26,145.	
10 Payroll taxes . . . . .	NONE			NONE
11 Fees for services (non-employees)				
a Management . . . . .	NONE			NONE
b Legal . . . . .	3,512.	165.	3,347.	
c Accounting . . . . .	28,685.	6,990.	21,695.	
d Lobbying . . . . .	NONE			NONE
e Professional fundraising services See Part IV, line 17	NONE			NONE
f Investment management fees . . . . .	8,025.	8,025.		
g Other . . . . .	NONE			NONE
12 Advertising and promotion . . . . .	90,250.	90,250.		
13 Office expenses . . . . .	130,326.	119,868.	8,699.	1,759.
14 Information technology . . . . .	NONE			NONE
15 Royalties . . . . .	NONE			NONE
16 Occupancy . . . . .	48,363.	28,113.	20,250.	
17 Travel . . . . .	NONE			NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			NONE
19 Conferences, conventions, and meetings . . . .	16,996.	7,432.	9,564.	
20 Interest . . . . .	34,006.		34,006.	
21 Payments to affiliates . . . . .	NONE			NONE
22 Depreciation, depletion, and amortization . . . .	400,083.	398,063.	2,020.	
23 Insurance . . . . .	26,012.	26,012.		
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.)				
a UTILITIES -----	217,382.	217,382.		
b MINOR EQUIPMENT -----	6,390.	6,390.		
c REPAIRS AND MAINTENANCE -----	54,646.	54,646.		
d TRAINING -----	5,888.	1,750.	4,138.	
e DUES AND SUBSCRIPTIONS -----	7,986.	5,424.	2,562.	
f All other expenses -----	540,188.	319,680.	189,783.	30,725.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>2,780,418.</b>	<b>2,107,113.</b>	<b>640,821.</b>	<b>32,484.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	168,289.	1	2,166,404.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	807,921.
	4 Accounts receivable, net . . . . .	6,861.	4	22,270.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . . SFMT. 16.		7	491,781.
	8 Inventories for sales or use . . . . .	7,498.	8	17,749.
	9 Prepaid expenses and deferred charges . . . . . SFMT. 17.	1,223.	9	9,822.
	10a Land, buildings, and equipment cost basis . . . . . 10a 18,074,570.			
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . . 10b 2,902,033.			
	11 Investments - publicly traded securities . . . . . SFMT. 18.	9,970,971.	10c	15,172,537.
	12 Investments - other securities See Part IV, line 11 . . . . .		11	6,444,111.
	13 Investments - program-related See Part IV, line 11 . . . . .		12	205,862.
	14 Intangible assets . . . . .		13	
	15 Other assets See Part IV, line 11 . . . . .	18,012.	14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	10,172,854.	15	4,184.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	165,973.	16	25,342,641.
	18 Grants payable . . . . .		17	184,150.
	19 Deferred revenue . . . . . SFMT. 19.		18	
	20 Tax-exempt bond liabilities . . . . .		19	13,548.
	21 Escrow account liability Complete Part IV of Schedule D . . . . .		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		21	
	23 Secured mortgages and notes payable to unrelated third parties SFMT. 20.	902,343.	22	
	24 Unsecured notes and loans payable. . . . .		23	NONE
	25 Other liabilities Complete Part X of Schedule D . . . . .	101,412.	24	
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,169,728.	25	167,705.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	9,003,126.	26	365,403.
	28 Temporarily restricted net assets . . . . .		27	
	29 Permanently restricted net assets . . . . .		28	23,202,942.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .		29	1,615,526.
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		30	158,770.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		31	
	33 Total net assets or fund balances . . . . .	9,003,126.	32	
	34 Total liabilities and net assets/fund balances . . . . .	10,172,854.	33	24,977,238.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

**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

Name of the organization

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

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

The organization is not a private foundation because it is (Please check only **one** organization )

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

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT	21								
<b>Total</b>									NONE

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> Total support. Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					12	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-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 . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public  
Inspection

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

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

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2008

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a** ☐ Public exhibition

**b**  Scholarly research

c		Preservation for future generations
---	--	-------------------------------------

**d** ☐ Loan or exchange programs

e	Other
---	-------

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

- b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

- |   |  |     |    |
|---|--|-----|----|
| 2a Did the organization include an amount on Form 990, Part X, line 21? |  | Yes | No |
|---|--|-----|----|

- b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1 a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities . and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ %

- |                         | Permanent endowment ▶ | %   |
|-------------------------|-----------------------|-----|
| 1. <i>Chrysomelids</i>  | 100                   | 100 |
| 2. <i>Curculionids</i>  | 100                   | 100 |
| 3. <i>Chrysomelids</i>  | 100                   | 100 |
| 4. <i>Chrysomelids</i>  | 100                   | 100 |
| 5. <i>Chrysomelids</i>  | 100                   | 100 |
| 6. <i>Chrysomelids</i>  | 100                   | 100 |
| 7. <i>Chrysomelids</i>  | 100                   | 100 |
| 8. <i>Chrysomelids</i>  | 100                   | 100 |
| 9. <i>Chrysomelids</i>  | 100                   | 100 |
| 10. <i>Chrysomelids</i> | 100                   | 100 |
| 11. <i>Chrysomelids</i> | 100                   | 100 |
| 12. <i>Chrysomelids</i> | 100                   | 100 |
| 13. <i>Chrysomelids</i> | 100                   | 100 |
| 14. <i>Chrysomelids</i> | 100                   | 100 |
| 15. <i>Chrysomelids</i> | 100                   | 100 |
| 16. <i>Chrysomelids</i> | 100                   | 100 |
| 17. <i>Chrysomelids</i> | 100                   | 100 |
| 18. <i>Chrysomelids</i> | 100                   | 100 |
| 19. <i>Chrysomelids</i> | 100                   | 100 |
| 20. <i>Chrysomelids</i> | 100                   | 100 |
| 21. <i>Chrysomelids</i> | 100                   | 100 |
| 22. <i>Chrysomelids</i> | 100                   | 100 |
| 23. <i>Chrysomelids</i> | 100                   | 100 |
| 24. <i>Chrysomelids</i> | 100                   | 100 |
| 25. <i>Chrysomelids</i> | 100                   | 100 |
| 26. <i>Chrysomelids</i> | 100                   | 100 |
| 27. <i>Chrysomelids</i> | 100                   | 100 |
| 28. <i>Chrysomelids</i> | 100                   | 100 |
| 29. <i>Chrysomelids</i> | 100                   | 100 |
| 30. <i>Chrysomelids</i> | 100                   | 100 |
| 31. <i>Chrysomelids</i> | 100                   | 100 |
| 32. <i>Chrysomelids</i> | 100                   | 100 |
| 33. <i>Chrysomelids</i> | 100                   | 100 |
| 34. <i>Chrysomelids</i> | 100                   | 100 |
| 35. <i>Chrysomelids</i> | 100                   | 100 |
| 36. <i>Chrysomelids</i> | 100                   | 100 |
| 37. <i>Chrysomelids</i> | 100                   | 100 |
| 38. <i>Chrysomelids</i> | 100                   | 100 |
| 39. <i>Chrysomelids</i> | 100                   | 100 |
| 40. <i>Chrysomelids</i> | 100                   | 100 |
| 41. <i>Chrysomelids</i> | 100                   | 100 |
| 42. <i>Chrysomelids</i> | 100                   | 100 |
| 43. <i>Chrysomelids</i> | 100                   | 100 |
| 44. <i>Chrysomelids</i> | 100                   | 100 |
| 45. <i>Chrysomelids</i> | 100                   | 100 |
| 46. <i>Chrysomelids</i> | 100                   | 100 |
| 47. <i>Chrysomelids</i> | 100                   | 100 |
| 48. <i>Chrysomelids</i> | 100                   | 100 |
| 49. <i>Chrysomelids</i> | 100                   | 100 |
| 50. <i>Chrysomelids</i> | 100                   | 100 |
| 51. <i>Chrysomelids</i> | 100                   | 100 |
| 52. <i>Chrysomelids</i> | 100                   | 100 |
| 53. <i>Chrysomelids</i> | 100                   | 100 |
| 54. <i>Chrysomelids</i> | 100                   | 100 |
| 55. <i>Chrysomelids</i> | 100                   | 100 |
| 56. <i>Chrysomelids</i> | 100                   | 100 |
| 57. <i>Chrysomelids</i> | 100                   | 100 |
| 58. <i>Chrysomelids</i> | 100                   | 100 |
| 59. <i>Chrysomelids</i> | 100                   | 100 |
| 60. <i>Chrysomelids</i> | 100                   | 100 |
| 61. <i>Chrysomelids</i> | 100                   | 100 |
| 62. <i>Chrysomelids</i> | 100                   | 100 |
| 63. <i>Chrysomelids</i> | 100                   | 100 |
| 64. <i>Chrysomelids</i> | 100                   | 100 |
| 65. <i>Chrysomelids</i> | 100                   | 100 |
| 66. <i>Chrysomelids</i> | 100                   | 100 |
| 67. <i>Chrysomelids</i> | 100                   | 100 |
| 68. <i>Chrysomelids</i> | 100                   | 100 |
| 69. <i>Chrysomelids</i> | 100                   | 100 |
| 70. <i>Chrysomelids</i> | 100                   | 100 |
| 71. <i>Chrysomelids</i> | 100                   | 100 |
| 72. <i>Chrysomelids</i> | 100                   | 100 |
| 73. <i>Chrysomelids</i> | 100                   | 100 |
| 74. <i>Chrysomelids</i> | 100                   | 100 |
| 75. <i>Chrysomelids</i> | 100                   | 100 |
| 76. <i>Chrysomelids</i> | 100                   | 100 |
| 77. <i>Chrysomelids</i> | 100                   | 100 |
| 78. <i>Chrysomelids</i> | 100                   | 100 |
| 79. <i>Chrysomelids</i> | 100                   | 100 |
| 80. <i>Chrysomelids</i> | 100                   | 100 |
| 81. <i>Chrysomelids</i> | 100                   | 100 |
| 82. <i>Chrysomelids</i> | 100                   | 100 |
| 83. <i>Chrysomelids</i> | 100                   | 100 |
| 84. <i>Chrysomelids</i> | 100                   | 100 |
| 85. <i>Chrysomelids</i> | 100                   | 100 |
| 86. <i>Chrysomelids</i> | 100                   | 100 |
| 87. <i>Chrysomelids</i> | 100                   | 100 |
| 88. <i>Chrysomelids</i> | 100                   | 100 |
| 89. <i>Chrysomelids</i> | 100                   | 100 |
| 90. <i>Chrysomelids</i> | 100                   | 100 |
| 91. <i>Chrysomelids</i> | 100                   | 100 |
| 92. <i>Chrysomelids</i> | 100                   | 100 |
| 93. <i>Chrysom</i>      |                       |     |

- c** Term endowment ▶ \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .

- (ii) related organizations . . . . .

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

- 4 Describe in Part XIV the intended uses of the organization's endowment funds**

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,523,696.		1,523,696.
<b>b</b> Buildings . . . . .		13,073,339.	2,070,991.	11,002,348.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		2,935,192.	818,693.	2,116,499.
<b>e</b> Other . . . . .		542,343.	12,349.	529,994.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .				15,172,537.

Schedule D (Form 990) 2008

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13)		

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
<u>DUE TO CMH</u>	
<u>PWC DUE TO CMH</u>	
<u>PWC OPERATING CASH</u>	
<u>DUE FROM CMH</u>	140,622.
<u>SALES TAX PAYABLE</u>	298.
<u>ANNUITY PAYABLE LONG TERM</u>	26,785.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	167,705.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

**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.

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**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

## Name of the organization

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ line 6a.

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Inspection

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- |          |                          |                         |          |                          |                                       |
|----------|--------------------------|-------------------------|----------|--------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations      | <b>e</b> | <input type="checkbox"/> | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Email solicitations     | <b>f</b> | <input type="checkbox"/> | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations     | <b>g</b> | <input type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations |          |                          |                                       |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		CHARITY GALA (event type)	GOLF CLASSIC (event type)	NONE (total number)	
Revenue	1 Gross receipts . . . . .	77,162.	33,875.		111,037.
	2 Less Charitable contributions . . . . .	57,419.	20,539.		77,958.
	3 Gross revenue (line 1 minus line 2) . . . . .	19,743.	13,336.		33,079.
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .		3,094.		3,094.
	6 Rent/facility costs . . . . .	950.			950.
	7 Other direct expenses . . . . .	5,251.	672.		5,923.
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .				( 9,967. )
	9 Net income summary. Combine lines 3 and 8 in column (d) . . . . .				23,112.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
Direct Expenses	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

**Part I Questions Regarding Compensation**

**1a** 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  
Travel for companions  
Tax indemnification and gross-up payments  
Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use  
Payments for business use of personal residence  
Health or social club dues or initiation fees  
Personal services (e.g., maid, chauffeur, chef)

Yes No

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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?

**2**

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

☐  
☐  
☐

Compensation committee  
Independent compensation consultant  
Form 990 of other organizations

☐  
☐  
☐

Written employment contract  
Compensation survey or study  
Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**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 lines 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.**

**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

**a** The organization?

**5a**

X

**b** Any related organization?

**5b**

X

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

**a** The organization?

**6a**

X

**b** Any related organization?

**6b**

X

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons 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**

X

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8**

X

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

Schedule J (Form 990) 2008



**Part III** **Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► 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.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

MONITORING CONFLICTS OF INTEREST

PART VI, SECTION B, 12C

IN ADDITION TO THE ANNUAL DISCLOSURE, EACH MEETING OF THE BOARD BEGIN

WITH A VOLUNTARY VERBAL SELF-DISCLOSURE OF ANY CONFLICTS WITH ANY ITEMS

ON THE AGENDA. AS ADDITIONAL ISSUES ARISE DURING THE COURSE OF A

MEETING, A SIMILAR SELF-DISCLOSURE IS EXPECTED TO BE MADE. CHALLENGES BY

PARTICIPANTS ARE ENCOURAGED IF SELF-DISCLOSURES ARE NOT FORTH-COMING.

DURING THE COURSE OF DOING BUSINESS, IF CONFLICTS ARE SUSPECTED BY

ANYONE, THEY ARE ENCOURAGED TO NOTIFY THE CHIEF EXECUTIVE OFFICER OF

THEIR SUSPICIONS. THE CEO WILL INVESTIGATE, EMPLOYING LEGAL COUNSEL AS

NECESSARY, AND WILL RESOLVE AS APPROPRIATE. ULTIMATELY IT IS THE

RESPONSIBILITY OF THE CHIEF EXECUTIVE OFFICER AND THE CHAIRMAN OF THE

BOARD TO ENFORCE THE POLICY.

Name of the organization

Employer identification number

CULPEPER REGIONAL HEALTH SYSTEM

52-1366700

REVIEWING THE 990

PART VI, SECTION A, LINE 10

THE REVIEW OF THE CRHS 990 IS PERFORMED BY THE CHIEF FINANCIAL OFFICER,

THE CRHS BOARD OF DIRECTORS, ITS FINANCE COMMITTEE, AND BY THE PRESIDENT

&amp; CHIEF EXECUTIVE OFFICER, THE LATTER BEING RESPONSIBLE FOR SIGNING THE

990.

Name of the organization

Employer identification number

CULPEPER REGIONAL HEALTH SYSTEM

52-1366700

MAKING DOCUMENTS AVAILABLE

PART VI, SECTION C, LINE 19

THIS ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

▶ **Attach to Form 990.** To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

## Identification of Disregarded Entities

[illegible]

## Identification of Related Tax-Exempt Organizations

[illegible]

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

Schedule R (Form 990) 2008





**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(A) Name of other organization(s)		(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008



FORM 990, PART VIII - INVESTMENT INCOME  
=====

DESCRIPTION -----	(A) TOTAL REVENUE -----	(B) RELATED OR EXEMPT REVENUE -----	(C) UNRELATED BUSINESS REV. -----	(D) EXCLUDED REVENUE -----
INVESTMENT INCOME	98,950.			98,950.
FOUNDATION INTEREST INCOME	823.			823.
	-----	-----	-----	-----
TOTALS	99,773. =====	=====	=====	99,773. =====

[illegible]

**RENT AND ROYALTY INCOME**

<b>Taxpayer's Name</b> CULPEPER REGIONAL HEALTH SYSTEM	<b>Identifying Number</b> 52-1366700
---	---

**DESCRIPTION OF PROPERTY**

ELC MADISON

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME	52,570.
OTHER INCOME	
TOTAL GROSS INCOME	52,570.
OTHER EXPENSES:	
DEPRECIATION (SHOWN BELOW)	21,971.
LESS: Beneficiary's Portion	
AMORTIZATION	
LESS: Beneficiary's Portion	
DEPLETION	
LESS: Beneficiary's Portion	
TOTAL EXPENSES	21,971.
TOTAL RENT OR ROYALTY INCOME (LOSS)	30,599.

**Less Amount to**

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	30,599.
Deductible Rental Loss (if Applicable)	

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
JSA Totals									21,971.

**SCHEDULE FOR DEPRECIATION CLAIMED**

JSA Totals	19,662
09/22/2010 14:32:37	45

## RENT AND ROYALTY INCOME

Taxpayer's Name <b>CULPEPER REGIONAL HEALTH SYSTEM</b>		Identifying Number <b>52-1366700</b>		
DESCRIPTION OF PROPERTY <b>WILDERNESS MEDICAL CENTER</b>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Did you actively participate in the operation of the activity during the tax year?	
REAL RENTAL INCOME		28,001.		
OTHER INCOME				
TOTAL GROSS INCOME		28,001.		
OTHER EXPENSES:				
CLEANING		1,916.		
REPAIRS		333.		
TAXES		4,982.		
OTHER EXPENSES		13,996.		
DEPRECIATION (SHOWN BELOW)		57,185.		
LESS: Beneficiary's Portion				
AMORTIZATION				
LESS: Beneficiary's Portion				
DEPLETION				
LESS: Beneficiary's Portion				
TOTAL EXPENSES		78,412.		
TOTAL RENT OR ROYALTY INCOME (LOSS)		-50,411.		
Less Amount to				
Rent or Royalty				
Depreciation				
Depletion				
Investment Interest Expense				
Other Expenses				
Net Income (Loss) to Others				
Net Rent or Royalty Income (Loss)			-50,411.	
Deductible Rental Loss (if Applicable)				

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

## OTHER DEDUCTIONS

PURCHASED SERVICES	5,690.
TRASH CONTRACT	1,655.
EXTERMINATING	206.
SNOW REMOVAL	1,350.
MOWING	5,095.
	-----
	13,996.
	=====



**SCHEDULE FOR DEPRECIATION CLAIMED**

**JSA Totals**



SUPPLEMENT TO RENT AND ROYALTY SCHEDULE  
=====

OTHER DEDUCTIONS

RENT

25,567.  
-----  
25,567.  
=====

**RENT AND ROYALTY INCOME**

<b>Taxpayer's Name</b> CULPEPER REGIONAL HEALTH SYSTEM	<b>Identifying Number</b> 52-1366700
---	---

**DESCRIPTION OF PROPERTY**

CMCA CONDO

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

<b>REAL RENTAL INCOME</b> .....	69,759.	
<b>OTHER INCOME</b> .....		
<b>TOTAL GROSS INCOME</b> .....		69,759.
<b>OTHER EXPENSES:</b>		
<b>TAXES</b> .....	1,176.	
<b>OTHER EXPENSES</b> .....	29,472.	
<b>DEPRECIATION (SHOWN BELOW)</b> .....	42,819.	
<b>LESS: Beneficiary's Portion</b> .....		
<b>AMORTIZATION</b> .....		
<b>LESS: Beneficiary's Portion</b> .....		
<b>DEPLETION</b> .....		
<b>LESS: Beneficiary's Portion</b> .....		
<b>TOTAL EXPENSES</b> .....		73,467.
<b>TOTAL RENT OR ROYALTY INCOME (LOSS)</b> .....		-3,708.

**Less Amount to**

<b>Rent or Royalty</b> .....	
<b>Depreciation</b> .....	
<b>Depletion</b> .....	
<b>Investment Interest Expense</b> .....	
<b>Other Expenses</b> .....	
<b>Net Income (Loss) to Others</b> .....	
<b>Net Rent or Royalty Income (Loss)</b> .....	-3,708.
<b>Deductible Rental Loss (if Applicable)</b> .....	

**SCHEDULE FOR DEPRECIATION CLAIMED**

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
<b>JSA Totals</b> .....									42,819.

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

PURCHASED SERVICES

29,472.

-----

29,472.

=====

## RENT AND ROYALTY INCOME

Taxpayer's Name <b>CULPEPER REGIONAL HEALTH SYSTEM</b>		Identifying Number <b>52-1366700</b>	
DESCRIPTION OF PROPERTY <b>LAND LEASE RENT</b>			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No Did you actively participate in the operation of the activity during the tax year?
REAL RENTAL INCOME		21,085.	
OTHER INCOME			
TOTAL GROSS INCOME			21,085.
OTHER EXPENSES:			
DEPRECIATION (SHOWN BELOW)			
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			
TOTAL RENT OR ROYALTY INCOME (LOSS)			
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			21,085.
Deductible Rental Loss (if Applicable)			

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals . . . . .		. . . . .							

## RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
ELC CULPEPER	78,860.	38,790.		40,070.
ELC MADISON	52,570.	21,971.		30,599.
ELC GERMANNA	52,570.	19,662.		32,908.
WILDERNESS MEDICAL C	28,001.	57,185.	21,227.	-50,411.
REHAB SERVICES	330,000.			330,000.
POB			26,620.	-26,620.
CMCA CONDO	69,759.	42,819.	30,648.	-3,708.
LAND LEASE RENT	21,085.			21,085.
	-----	-----	-----	-----
TOTALS	632,845.	180,427.	78,495.	373,923.
	=====	=====	=====	=====

## FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION -----	AMOUNT -----
CHARITY GALA	57,419.
GOLF CLASSIC	20,539.
	-----
TOTAL	77,958.
	=====



FORM 990, PART VIII - FUNDRAISING EVENTS  
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
CHARITY GALA	19,743.	6,201.	13,542.
GOLF CLASSIC	13,336.	3,766.	9,570.
	-----	-----	-----
TOTALS	33,079.	9,967.	23,112.
	=====	=====	=====

## FORM 990, PART X - NOTES AND LOANS RECEIVABLE

=====	
BORROWER:	KIMBERLEY R NICOLS MD
ORIGINAL AMOUNT:	145,000.
DATE OF NOTE:	09/12/2005
ENDING BALANCE DUE .....	96,667.
	-----
BORROWER:	ZIA ROSHANDEL MD
ORIGINAL AMOUNT:	116,563.
DATE OF NOTE:	01/11/2006
ENDING BALANCE DUE .....	116,563.
	-----
BORROWER:	MELISSA DELGADO MD
ORIGINAL AMOUNT:	193,185.
DATE OF NOTE:	10/01/2006
ENDING BALANCE DUE .....	193,185.
	-----
BORROWER:	BLUE RIDGE CARDIOVASCULAR ASSOCIATES
ORIGINAL AMOUNT:	85,366.
DATE OF NOTE:	07/01/2008
ENDING BALANCE DUE .....	85,366.
	-----
TOTAL ENDING NOTES AND LOANS RECEIVABLES	491,781.
	=====

## FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	ENDING BOOK VALUE -----
PWC PREPAID EXPENSES	9,822.
	-----
TOTALS	9,822.
	=====

## FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
WACHOVIA INVESTMENT	870,458.	FMV
BROWN HARRID LPL INVESTMENT	4,058,568.	FMV
US TRUST INVEST AND CRH SHARE	1,350,315.	FMV
INTEREST IN LIVING TRUST	158,770.	FMV
CYPRUS FUND INVESTMENT	6,000.	FMV
	-----	
TOTALS	6,444,111.	
	=====	

CULPEPER REGIONAL HEALTH SYSTEM  
.  
FORM 990, PART X - DEFERRED REVENUE  
=====

52-1366700

DESCRIPTION -----	ENDING BOOK VALUE -----
UNEARNED REVENUE	13,548.
	-----
TOTALS	13,548.
	=====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE  
=====

LENDER: BB&amp;T

ORIGINAL AMOUNT: 1,102,343.

BEGINNING BALANCE DUE ..... 902,343.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 902,343.  
=====

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
CULPEPER MEMORIAL HOSPITAL DBA CULPEPER REGIONAL HOSPITAL	54-0622371	03	X		X		X		NONE
									-----
TOTAL AMOUNT OF SUPPORT									NONE
									=====

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate Instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2008**

Name of estate or trust

CULPEPER REGIONAL HEALTH SYSTEM

Employer identification number

52-1366700

**Note:** Form 5227 filers need to complete *only* Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	<b>1b</b>	
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>3</b>	
<b>4</b> Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back	<b>5</b>	

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	<b>6b</b>	1,624,260.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>8</b>	
<b>9</b> Capital gain distributions	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I	<b>10</b>	
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	<b>12</b>	1,624,260.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008



**Part III Summary of Parts I and II****Caution:** Read the instructions before completing this part.

		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		1,624,260.
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		1,624,260.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 . . . . .	<b>16</b>	( )
-----------	--	-----------	-----

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶	<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,200 . . . . .	<b>24</b>		
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26, go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23. . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24. . . . .	<b>26</b>		
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>		
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b>	Multiply line 29 by 15% ( 15 ). . . . .	<b>30</b>		
<b>31</b>	Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>31</b>		
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>		
<b>33</b>	Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) . . . . .	<b>33</b>		
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T). . . . .	<b>34</b>		

Schedule D (Form 1041) 2008

