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990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning 09/01/09, and ending 08/31/10Final return Initial return of a former public charity G Check all that apply Initial return Name change Address change Amended return A Employer identification number Name of foundation Use the IRS GREENSVILLE MEMORIAL FOUNDATION 54-0645217 label. F/K/A GREENSVILLE MEMORIAL HOSPITAL Telephone number (see page 10 of the instructions) Otherwise, 434-336-9822 print Number and street (or P O box number if mail is not delivered to street address) Room/suite P.O. BOX 1015 If exemption application is pending, check here or type. See Specific D 1. Foreign organizations, check here City or town, state, and ZIP code Instructions. VA 23847 **EMPORIA** 2. Foreign organizations meeting the 85% test, check here and attach computation Check type of organization | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here J Accounting method Cash X Accrual Fair market value of all assets at end If the foundation is in a 60-month termination of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 12, 125, 471 (Part I, column (d) must be on cash basis line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net expenses per (b) Net investment for charitable total of amounts in columns (b), (c), and (d) may not necessarily equal purposes books income income the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ▶ X If the foundation is not required to attach Sch B 2 Interest on savings and temporary cash investments 3 320,275 320,275 Dividends and interest from securities 4 239.814 239,814 5a Gross rents 204,285 b Net rental income or (loss) Revenue 47,929 Net gain or (loss) from sale of assets not on line 10 6a 2,535,309 Gross sales price for all assets on line 6a 47,929 Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain Income modifications 9 10a Gross sales less returns & allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Ç 95,034 132,274 STMT 1 227,308 Other income (attach schedule) 11 835,326 703,052 132,274 12 Total. Add lines 1 through 11 8,747 8,747 34,986 13 Compensation of officers, directors, trustees, etc perating and Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 6,866 6,866 Legal fees (attach schedule) SEE STMT 7,800 8,000 STMT 3 15,800 Accounting fees (attach schedule) 43,103 43,103 STMT 4 Other professional fees (attach schedule) 11,750 83,410 95,160 Cinterest F.C. 1.3 2010 Cinter 17 12,349 Depreciation (attach schedule) and depletion STMT 6 74,526 74,526 19 2,640 occupancyDEN, UT 6,600 20 21 Travel, conferences, and meetings 22 Printing and publications 19,745 STMT 7 98,021 35,529 23 Other expenses (att. sch) Total operating and administrative expenses. 83,410 95,179 132,274 387,411 Add lines 13 through 23 97,727 81,739 Contributions, gifts, grants paid 95,179 132,274 181,137 469,150 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12 27 366,176 Excess of revenue over expenses and disbursements 607,873 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) Form 990-PF (2009

Fo	rm 990	0-PF (2009) GREENSVILLE MEMORIAL FOUNDATION	54-064521	7	Page 2
			Beginning of year	End of	year
• ·	Part I	Balance Sneets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1	Cash-non-interest-bearing	221,708	104,499	104,499
	2	Savings and temporary cash investments		<u> </u>	
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other]	
		disqualified persons (attach schedule) (see page 16 of the			
		instructions)	<u></u>		
	7	Other notes and loans receivable (att schedule)			
		Less allowance for doubtful accounts ▶		<u></u>	
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments—U S and state government obligations (attach schedule) STMT 8	1,231,356	1,121,677	1,121,677
	b	Investments—corporate stock (attach schedule) SEE STMT 9	3,144,420	3,151,176	3,151,176
	С	Investments—corporate bonds (attach schedule) SEE STMT 10	1,989,325	2,344,208	2,344,208
	11	Investments—land, buildings, and equipment basis 3,464,924			
		Less accumulated depreciation (attach sch) ► STMT 11 2,472,803		992,121	992,121
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) SEE STATEMENT 12	209,027	202,809	202,809
	14	Land, buildings, and equipment basis ► 3,557,584		2 462 652	2 462 656
		Less accumulated depreciation (attach sch) ▶ STMT 13 87,932	3,539,909	3,469,652	3,469,652
	15	Other assets (describe SEE STATEMENT 14)	699,823	739,329	739,329
	16	Total assets (to be completed by all filers—see the	11 005 560	10 105 471	10 105 471
_		instructions Also, see page 1, item l)	11,035,568	12,125,471	12,125,471
	17	Accounts payable and accrued expenses	119,485	79,488	
S	18	Grants payable			
ij	19	Deferred revenue			
pi	20	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) SEE WORKSHEET	2,220,200	2,728,646	
Liabilities	21		113,794	209,159	
	22	Other liabilities (describe SEE STATEMENT 15) Total liabilities (add lines 17 through 22)	2,453,479	3,017,293	
-	23	Foundations that follow SFAS 117, check here	2,433,473	3,021,1233	
s		and complete lines 24 through 26 and lines 30 and 31.			
ce	24	Unrestricted	7,606,192	8,121,567	
an	25	Temporarily restricted	975,897	986,611	
Ва	26	Permanently restricted			
Net Assets or Fund Balances	20	Foundations that do not follow SFAS 117, check here ▶			
'n		and complete lines 27 through 31.			
ř	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds		<u> </u>	
Ş	30	Total net assets or fund balances (see page 17 of the			
it /		instructions)	8,582,089	9,108,178	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	11,035,568	12,125,471	
	Part	Analysis of Changes in Net Assets or Fund Balances			
		I net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		
		of-year figure reported on prior year's return)		1	8,582,089
2		r amount from Part I, line 27a		2	366,176
3	Othe	er increases not included in line 2 (itemize) > SEE STATEMENT 16		3	259,091
4	Add	lines 1, 2, and 3		4	9,207,35
5	Deci	reases not included in line 2 (itemize) SEE STATEMENT 17		5	99,178
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	9,108,178
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DAA

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Inco	ome		•		
	e the kind(s) of property sold (e.g., real estate, house, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRADED	SECURITITES			P	VAI	RIOUS	VARIOUS
b TIMBER LAND				D	VAI	RIOUS	VARIOUS
С							
d							
e							
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)			other basis nse of sale			or (loss)) minus (g)
a 2,534,434				2,487,380			47,054
b 875				-			875
С							
d							=
е							
Complete only for assets showing	g gain in column (h) and owned by the fo	undation	on 12/31/6	9		(I) Gains (Col	(h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69		• •	s of col (ı) (ı), ıf any		col (k), but not	less than -0-) or om col (h))
а							47,054
b							875
c							
d							
e							
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in I		•		2		47,929
If gain, also enter in Part I, line 8,	es) as defined in sections 1222(5) and (6 column (c) (see pages 13 and 17 of the		ons)				
If (loss), enter -0- in Part I, line 8					3		
	nder Section 4940(e) for Reduc				me_		
(For optional use by domestic private	foundations subject to the section 4940	(a) tax or	n net investi	ment income)			
If section 4940(d)(2) applies, leave th	is part blank						
Mary the Country to be to See the country	to a 4042 to the distribute because the				s X	No	
	tion 4942 tax on the distributable amount			ase period? re	*S <u>m</u>	NO	
	lify under section 4940(e) Do not comple						
	each column for each year, see page 18	of the in:	structions b	efore making any en	tries		(4)
(a) Base period years Calendar year (or tax year beginning			Net value	(c) of nonchantable-use ass			(d) hbution ratio livided by col (c))
2008		, 352		6,823,			0.055153
2007	444			7,610,			0.058375
2006		,002		7,794,			0.056837
2005		,803		7,437,			0.046362
2004	292	,829		7,107,	396	r	0.041201
2 Total of line 1, column (d)						2	0.257928
3 Average distribution ratio for the	5-year base period—divide the total on li	ne 2 by 5	5, or by the				
number of years the foundation h	as been in existence if less than 5 years					3	0.051586
4 Enter the net value of noncharital	ble-use assets for 2009 from Part X, line	5			-	4	7,712,038
5 Multiply line 4 by line 3						5	397,833
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	6,079
7 Add lines 5 and 6						7	403,912
8 Enter qualifying distributions from						8	181,137
If line 8 is equal to or greater that Part VI instructions on page 18	n line 7, check the box in Part VI, line 1b,	and con	nplete that	part using a 1% tax r	ate Se	e the	

<u>Form</u>	990-PF (2009) GREENSVILLE MEMORIAL FOUNDATION 54-0645217			<u>Pa</u>	age 4								
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ons)											
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1													
	Date of rùling or determination letter (attach copy of letter if necessary—see instructions)		_										
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	2,:	<u> 157</u>								
	here ▶ ☐ and enter 1% of Part I, line 27b												
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of												
	Part I, line 12, col (b)				_								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0								
3	Add lines 1 and 2			.2 , :	157								
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				<u> </u>								
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			2,	157								
6	Credits/Payments												
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 5,240												
þ	Exempt foreign organizations—tax withheld at source												
C	Tax paid with application for extension of time to file (Form 8868)												
d	Backup withholding erroneously withheld			- 4	240								
7	Total credits and payments Add lines 6a through 6d			<u> </u>	240								
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		7,10										
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1,.	109								
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid												
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11												
Pa	rt VII-A Statements Regarding Activities	-	- 1	V	N.								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	F		Yes	No_X								
	participate or intervene in any political campaign?	-	<u>1a</u>										
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		4.		x								
	of the instructions for definition)?	F	1b										
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials												
	published or distributed by the foundation in connection with the activities	f	4.		X								
C	Did the foundation file Form 1120-POL for this year?	-	1c										
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year												
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$												
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed												
	on foundation managers \$	ı	2		X								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ŀ	-										
_	If "Yes," attach a detailed description of the activities												
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x								
		F	4a		X								
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	/a	4b										
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	` -	5		x								
5	If "Yes," attach the statement required by General Instruction T	Ī											
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either												
U	By language in the governing instrument, or												
	By state legislation that effectively amends the governing instrument so that no mandatory directions that												
	conflict with the state law remain in the governing instrument?		6	X	İ								
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X									
8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the												
Ju	instructions) ▶ VA												
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General												
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	[8b	X									
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	Γ			_								
•	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page]										
	27)? If "Yes," complete Part XIV		9		X								
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ſ											
-	names and addresses		10		X								
		For	n 990)-PF	(2009)								

-	990-PF (2009) GREENSVILLE MEMORIAL FOUNDATION		1645217						<u>P</u>	age 6
. Pi	irt VII-B Statements Regarding Activities for Which Form	<u>4720 May Be F</u>	<u>equired (</u>	cor	ntinue	<u>:d)</u>		1		·····
5a	• • • • • • • • • • • • • • • • • • • •		,	_						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		┙	Yes	X	No			
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,	,	_						
	directly or indirectly, any voter registration drive?			_	Yes	X	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			╝	Yes	X	No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	,	_		_				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the inst	tructions)		╛	Yes	X	No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	r educational	,	_						
	purposes, or for the prevention of cruelty to children or animals?		Į	╛	Yes	X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions d	escribed in				_			
	Regulations section 53 4945 or in a current notice regarding disaster assistance	e (see page 22 of th	e instructions	;)?			I/A	5b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check h	ere			•	\sqcup				
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax	_	_		_				
	because it maintained expenditure responsibility for the grant?		N/A	╛	Yes		No			
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)									
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums	_	_		_				
	on a personal benefit contract?			╛	Yes	X	No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit conti	act?					6b		X
	If "Yes" to 6b, file Form 8870		,	_		_				
7a	At any time during the tax year, was the foundation a party to a prohibited tax si	nelter transaction?		╛	Yes	X	No			
	If yes, did the foundation receive any proceeds or have any net income attribute						<u> </u>	7b		
P	nt VIII Information About Officers, Directors, Trustees, Fo	oundation Man	agers, Hig	hly	y Paic	l Em	ploy	ees,		
	and Contractors									
<u>1 l</u>	ist all officers, directors, trustees, foundation managers and their compensa-	tion (see page 22	of the instru	ctic	ons).					
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensa (If not paid, e -0-)		err plar	ıploy ee	itions to benefit deferred ation		pense a r allowa	
SE	E STATEMENT 19									
					\dagger					
					+					
					<u>L</u>					
2	Compensation of five highest-paid employees (other than those included of If none, enter "NONE."	n line 1—see page	23 of the ins	tru	ctions).				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensa	tion	em plar	ıployee	itions to benefit leferred ation		pense a r allowa	
NC	NE									
					+					
					+-					
								<u> </u>		
	number of other employees paid over \$50,000				•			•		

Form **990-PF** (2009)

Form 990-PF (2	009) GREENSVILLE MEMORIAL FOUNDATION	54-0645217	Page 7
- Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ndation Managers, Highly Paid Em	ployees,
3 Five high	est-paid independent contractors for professional services (see page	e 23 of the instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	f others receiving over \$50,000 for professional services		_
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statis dother beneficiaries served, conferences convened, research papers produced, etc.		Expenses
	UNDATION THAT UTILIZES ITS ASSETS AND PUBLICATION OF COMMUNITY HEALTH AND PUBLICATION OF THE PUBLICATION OF		215,684
2			
3			
4			
····			
Part IX-B	Summary of Program-Related Investments (see page 1)		Amount
1 N/A	o largest program-related investments made by the foundation during the tax year or	Times Fand 2	Amount
, N/A			
2			
All other program	m-related investments See page 24 of the instructions		
T-4-1 A	4 through 2	•	
Total. Add lines	1 through 3		

om	m 990-PF (2009) GREENSVILLE MEMORIAL FOUNDATION 54-0645217		Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign fo	
<u>.</u>	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	7,640,745
b	Average of monthly cash balances	1b	188,735
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	7,829,480
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	7,829,480
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	117,442
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	7,712,038
6	Minimum investment return. Enter 5% of line 5	6	385,602
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	385,602
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	12,157
3	Distributable amount before adjustments Subtract line 2c from line 1	3	373,445
4	Recoveries of amounts treated as qualifying distributions	4	11,251
5	Add lines 3 and 4	5	384,696
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	384,696
ю,	art XII Qualifying Distributions (see page 25 of the instructions)		
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		101 127
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	181,137
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	101 105
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	181,137
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		^
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	101 107
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	181,137
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see page 26 of	the instructions)	-		
	,	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				384,696
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
	From 2006				
d	From 2007				
е	From 2008 94 , 495				
f	Total of lines 3a through e	94,495			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 > \$ 181,137				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
Ī	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount	· · · · · · · · · · · · · · · · · · ·			181,137
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009	94,495	· · · · · · · · · · · · · · · · · · ·		94,495
•	(If an amount appears in column (d), the same	•			
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below:				
_	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
D	line 4b from line 2b				
_	Enter the amount of prior years' undistributed			······································	
C	income for which a notice of deficiency has				
	•				
	been issued, or on which the section 4942(a)				
_	tax has been previously assessed Subtract line 6c from line 6b Taxable				
a					
_	amount—see page 27 of the instructions Undistributed income for 2008 Subtract line	***************************************		.,	
е					
	4a from line 2a Taxable amount—see page				
	27 of the instructions Undistributed income for 2009 Subtract lines				
T	4d and 5 from line 1. This amount must be				
					109,064
_	distributed in 2010			·····	
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
_	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2005	4			-
b	Excess from 2006	-			
С	Excess from 2007	4			
d	Excess from 2008	4			
е	Excess from 2009	<u></u>			<u> </u>

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 22 97,727 97,727 ▶ 3a **Total b** Approved for future payment SEE STATEMENT 23 41,975 41,975 Total ▶ 3b

DAA

	art XVI-A	· · · · · · · · · · · · · · · · · · ·	1		Evaludad	bu seeten 512 513 or 514	
		ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1		rvice revenue			30	125 000	the instructions)
	a YMCA	<u> </u>			130	125,000	
			-		+-+		
					1		
	f						
		nd contracts from government agencies					
2	_	dues and assessments					
		savings and temporary cash investments				-	
		nd interest from securities			14	320,275	
		ncome or (loss) from real estate					
		anced property				_	
		t-financed property			30	204,285	
6	Net rental in	ncome or (loss) from personal property					
7	Other invest	tment income			30	95,034	
8	Gain or (los	s) from sales of assets other than inventory			18	47,929	
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other reven						
		LARSHIP FORFEITURE INCOME			25	7,101	
	c MISC	ELLANEOUS INCOME			25	173	
	d				-		
	e					700 707	
		dd columns (b), (d), and (e)			0	799,797	
		ine 12, columns (b), (d), and (e)				13	799,797
	e worksheet art XVI-B	In line 13 instructions on page 28 to verify calculation. Relationship of Activities to the Activitie		ont of Evennt	Purnoco		
	Line No.	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	is reported in c	column (e) of Part XV	'I-A contrib	uted importantly to the	
	•	instructions)	ses (other than	T by providing funds i	or such pu	iposes) (Gee page 20	or the
	N/A						
_							
							
_							
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_							-
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_							
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ran	HYA	Exempt Organiza	_	ansiers to and	a Fransactio	iis aiiu Rei	ationships with	MONCHA	IIIIabie		
1 [old the o	rganization directly or ind		ge in any of the foll	owing with any c	ther organizati	on described			Yes	No
		n 501(c) of the Code (other									
0	rganızat	tions?									
аТ	ransfers	s from the reporting found	ation to a n	oncharitable exemp	ot organization of	f					
(1) Cash	1							1a(1)		X
(2) Othe	r assets							1a(2)		X
b C	Other tra	nsactions									
(1) Sales	s of assets to a noncharita	able exemp	t organization					1b(1)		X
(:	2) Purcl	hases of assets from a no	nchantable	exempt organization	on				1b(2)		X
(3) Renta	al of facilities, equipment,	or other as	sets					1b(3)	_	X
•	•	bursement arrangements	}						1b(4)		X
	•	s or loan guarantees							1b(5)		X
	•	ormance of services or me	•	-					1b(6)		X
	•	of facilities, equipment, m	•	· ·			ahaana ahaan tha fara a		1c	L	Λ
		swer to any of the above is		-							
		the goods, other assets, o									
	aiue in a	any transaction or sharing (b) Amount involved		of noncharitable exer			ption of transfers, transa		sharing arrange	ements	
/A	Line no	(b) Amount involved	(c) Hairie	or nonchanable exem	ipt organization	(4) 5000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<i>,</i> <u>n</u>											
					-		· · · · · · · · · · · · · · · · · · ·				
		-									
						-					
						-					
d	escribed	indation directly or indirectly or indirectly of the financial in section 501(c) of the	Code (other				ızatıons		Y	es X	No.
b II	"Yes,"	complete the following sc	hedule	(h) T (-			(a) Danasation	of relations	h.a.		
-	/3	(a) Name of organization		(b) Type of o	rganization		(c) Description	or relations	nip		
N,	/A	 									
	-			 			· ·				
				1			· ·		-		
Τ.			I randolar	Land the south incide		L	atements and to the hes	t of my know	wledge and		
6	inaer pen elief, it is	alties of perjury, I declare that true, correct, and complete [Declaration of	preparer to ther then	axpayer or fiduciary) is based on all	information of which prep	arer has ar	y knowledge		
		///p/U/	1/A	- TXIIII	12/10/	מו	1 Chair	man	,		
,	Signa	ture of officer or trustee	/ /		Date	<u></u>	Title	77,000			
	Ť					Date			Preparer's identif		
	rer's	Preparer's signature					Check if self-employe	ed ▶ 🗌	number (see Sig page 30 of the in POO404	struction	s)
, led	Preparer's Use Only	Firm's name (or yours if self-employed), address,		WS URQUHAI BAYBERRY (LLP	EIN►	20-148		
1		and ZIP code	RICH		23226-3			Phone no			
									Form 99		

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

▶ See separate instructions.

► Attach to your tax return.

GREENSVILLE MEMORIAL FOUNDATION F/K/A GREENSVILLE MEMORIAL HOSPITAL 54-0645217

Attachment Sequence No 67 Identifying number

	less or activity to which this form relates NDIRECT DEPRECIAT:	ION								
	ert I Election To Expen		erty Under Se	ction 179						
	Note: If you have a				ou con	nplete P	art I.			
1	Maximum amount See the instruc						<u> </u>	1	25	0,000
2	Total cost of section 179 property	=						2		
3	Threshold cost of section 179 prop			instructions)				3	80	0,000
4	Reduction in limitation Subtract lii							4		
5	Dollar limitation for tax year Subtract lin	ne 4 from line 1 If zero o	r less, enter -0- If ma	arned filing separatel	, see insti	ructions		5		
6	(a) Description	n of property		(b) Cost (business	use only)	(c) E	lected cos	t]	
]	
]	
7	Listed property Enter the amount	from line 29			7_					
8	Total elected cost of section 179 p	property Add amount	s in column (c), lir	nes 6 and 7				8		
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9		
10	Carryover of disallowed deduction	from line 13 of your :	2008 Form 4562					10		
11	Business income limitation Enter	the smaller of busine	ess income (not les	ss than zero) or lir	e 5 (see	instruction	ns)	11		
12	Section 179 expense deduction A	add lines 9 and 10, bu	ıt do not enter mo	re than line 11				12		
13	Carryover of disallowed deduction				13				<u> </u>	
	e: Do not use Part II or Part III below									
P	art II Special Depreciati	<u>ion Allowance a</u>	<u>nd Other Dep</u>	reciation (Do	<u>not inc</u>	lude list	<u>ed prop</u>	erty.)	(See instr.)	
14	Special depreciation allowance for	qualified property (o	ther than listed pro	operty) placed in s	ervice					
	during the tax year (see instruction	ns)						14	-	
15	Property subject to section 168(f)(1) election						15		4 506
16	Other depreciation (including ACR							16	7	4,526
Pa	art III MACRS Depreciat	ion (Do not inclu			structio	ns.)	_			
			Sect					T		
17	MACRS deductions for assets pla						. 🗖	17	<u> </u>	0
18	If you are electing to group any assets p	placed in service during t	he tax year into one	or more general asse	t accounts	s, check her	e 🕨 📗	L		
	Section B—/	Assets Placed in Ser			I	erai Depre	Ciation 5	ysteili	T	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only–see instruc	ent use	(e) C	convention	(f) Met	thod	(g) Depreciation	deduction
19a	3-year property						ļ			
b	5-year property									
C	7-year property				-		ļ			
d	10-year property				_				-	
<u>e</u>	15-year property			<u>_</u>					 	
<u>f</u>	20-year property				+		6"		 	
g				25 yrs			S/L		 	
h	Residential rental property			27 5 yrs		MM	S/L			
	· · · · · · · · · · · · · · · · · · ·			27 5 yrs	' -	MM MM	S/L		 	
i	Nonresidential real property		<u> </u>	39 yrs	+	MM	S/L S/L			
		ssets Placed in Serv	ice During 2009 1	ax Year Using th	e Alterna		<u> </u>		m	
200	Class life	I account	100 2011119 2000	ax roar comg an	1		S/L			-
	12-year	-		12 yrs			S/L			
				40 yrs		MM	S/I			
	40-year art IV Summary (See ins	structions)	l	i 40 yis		******	. 5/1		1	
<u></u> 21	Listed property Enter amount from	<u> </u>	-					21	-	
22	Total. Add amounts from line 12,		ines 19 and 20 in	column (a) and h	ne 21 Fr	nter here		<u> </u>		
	and on the appropriate lines of you	_						22	7	4,526
23	For assets shown above and place									
	portion of the basis attributable to	_	,,		23					
	periodic of the pasie attributable to					•				E62 (0000)

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

GREENSVILLE MEMORIAL FOUNDATION

F/K/A GREENSVILLE MEMORIAL HOSPITAL

Identifying number 54-0645217

	ess or activ	rity to which this form relates									
Pŧ	irt I	Election To Exper					u com	plete P	art I.		
1	Maximu	m amount See the instruc				20.0.0	<u></u>			1	250,000
2		st of section 179 property	_							2	
3		ld cost of section 179 pro	•	•	Instruct	ions)				3	800,000
4		on in limitation. Subtract li	•	•		,				4	
5	Dollar lımı	itation for tax year Subtract lii	ne 4 from line 1 If zero o	or less, enter -0- If m	arned film	g separately, s	see instr	uctions		5	
6		(a) Descriptio	n of property		(b) Cos	t (business use	e only)	(c) E	lected cost		
_											1
7	Listed pi	roperty Enter the amount	from line 29				7	·			
8	Total ele	ected cost of section 179 p	property Add amoun	ts ın column (c), lı	nes 6 an	d 7				8	
9	Tentative	e deduction Enter the sm	aller of line 5 or line	8						9	
10	Carryove	er of disallowed deduction	from line 13 of your	2008 Form 4562						10	
11	Busines	s income limitation. Enter	the smaller of busine	ess income (not le	ss than	zero) or line	5 (see	instruction	15)	11	- " -
12	Section	179 expense deduction A	Add lines 9 and 10, b	ut do not enter mo	re than	line 11				12	
<u>13</u>		er of disallowed deduction					13				
***************************************		ise Part II or Part III below		· · · · · · · · · · · · · · · · · · ·							
Pa	ırt II	Special Depreciat						ude list	<u>ed prop</u>	erty.	(See instr.)
14	•	depreciation allowance fo		other than listed pr	roperty) _I	placed in ser	vice				
	•	ne tax year (see instruction	•							14	
15		subject to section 168(f)(15	25 500
<u>16</u>		epreciation (including ACF		1 11 4 1		<u> </u>				16	35,529
_Pa	ert III	MACRS Depreciat	ion (Do not incl		perty.)	(See Instr	uctio	ns.)			
17	MACRS	deductions for assets pla	ced in seniice in tay							17	
18		electing to group any assets p					ccounts	check her	. ▶ □		
10	ii you ale		Assets Placed in Se							/stem	
	(a) Cla	ssification of property	(b) Month and year placed in service	(c) Basis for depr (business/investmonly–see instruc	eciation nent use	(d) Recovery period		onvention	(f) Met		(g) Depreciation deduction
19a	3-vear	property									
b	•	property	1								
С	•	property	1								
d	10-year		1								
е	15-year		1								
f	20-year	property			_						
g	25-year]			25 yrs			S/L		
h	Residen				•	27 5 yrs		MM	S/L		_
	property					27 5 yrs		ММ	S/L		
i	Nonresid	dential real				39 yrs		MM	S/L		
	property							ММ	S/L	·	
		Section C—As	ssets Placed in Serv	vice During 2009	Tax Yea	r Using the A	Alterna	tive Depr	eciation S	Syster	n
20a	Class life	e							S/L		
b	12-year					12 yrs			S/L		
С	40-year					40 yrs		MM	S/L		
Pa	ırt IV	Summary (See ins	structions.)								-
21	Listed pi	roperty Enter amount fror	n line 28		_					21	
22	Total. A	dd amounts from line 12,	lines 14 through 17,	lines 19 and 20 in	column	(g), and line	21 En	ter here			
		he appropriate lines of yo				e instruction:	s			22	35,529
23		ets shown above and plac		the current year, e	nter the		_				
	portion o	of the basis attributable to	section 263A costs				23				I .

(7)

(8) (9) (10)

Totals

19728 11/10/2010 3 24 PM					
Forms 990 / 990-PF	Mo	rtgages and Otl	ner Notes Payable		2009
330 / 330-1 (1	For calendar year 2009	or tax year beginning	09/01/09 , and ending	08/31/10	2003
Name `	1 of calcinal year 2000	, or tax year beginning	, and onaing		entification Number
	EMORIAL FOUND				
F/K/A GREENSV	/ILLE MEMORIAL	HOSPITAL		<u> 54-064</u>	5217
707W 000 PF	D2DM TT TTV	01 355757			
FORM 990-PF,	PART II, LINE	21 - ADDITI	ONAL INFORMATION		
	Name of lender		Relationship	p to disqualified perso	n
(1) GMF YMCA LO			Trenditional	p to disqualified perso	<u>"</u> -
(2)					
(3)		<u> </u>			
<u>(4)</u>					
<u>(5)</u>			 		
<u>(6)</u>					
(7) (8)			 		
(9)					
(10)					
Original amount		Maturity			Interest
borrowed	Date of loan	date	Repayment te	erms	rate
(1) 2,220,2	00 VARIOUS	10/15/13	MONTHLY		5.300
(2)		<u> </u>			
(3)		 	<u> </u>		 -
(4) (5)			-		
(6)	-				
(7)					
(8)					
(9)					
(10)			<u> </u>		
		 	T	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	···
ç,	ecurity provided by borrower	•	Pur	pose of loan	
(1) BUILDING	ecantly provided by borrower		CONSTRUCTION OF		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(10)					
					
			Balance due at	Ba	ance due at
	ration furnished by lender		beginning of year	e	nd of year
(1)			2,220,200	2	,728,646
(2)			 		
(3)					
(4) (5)					
(6)					

2,728,646

2,220,200

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10728 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2010

Federal Statements

State	Statement 1	- 1	. Part I, L	Form 990-PF, Part I, Line 11 - Other Income	Income		
Description			Rev	Revenue per Books	Net Investment Income	nent	Adjusted Net Income
INCOME FROM SUBSIDIARY YMCA RENT SCHOLARSHIP FORFEITURE INCOME MISCELLANEOUS INCOME			ഗ	95,034 125,000 7,101 173	\$	95,034	\$ 125,000 7,101 173
TOTAL			ψ	227,308	\$ 95,	034	\$ 132,274
Stal	Statement 2	2 - Form 990-PF, Part I,		Line 16a - Legal Fees	al Fees		
Description		Total	Ĺ	Net Investment	Adjusted Net	Ð	Charitable Purpose
HANCOCK, DANIEL, JOHNSON & NAGLE TOTAL	w w	6,866	w w	0	\$ \$	6,866 6,866	w w
Statem	Statement 3 - Fo	Form 990-PF,	Part I, Lin	rm 990-PF, Part I, Line 16b - Accounting Fees	nting Fees		
Description		Total	Ē	Net Investment	Adjusted Net	p	Charitable Purpose
CREEDLE, JONES & ALGO ROBINSON, FARMER, COX ASSOCIATES	တ	7,800	w.	7,800	& &	000,8	v.
H	·γ-	15,800	ω	7,800	& \ \ \ \ \ \ \	000,	O 0
Statement 4 - Form	4 - For		.I, Line 16	c - Other Prof	990-PF, Part I, Line 16c - Other Professional Fees		
Description		Total	드	Net Investment	Adjusted Net	p	Charitable Purpose
OTHER PROFESSIONAL FEES INVESTMENT FEES	ᡐ	315	ᡐ	315	۷Դ		<i>«</i>
TOTAL	ω	·I •II	φ •		\$	0	0

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Federal Statements

10728 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2010

Depreciation	
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Line	
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Part	
-PF,	
1-066	
- Form	
9	
Statement	

Cost Basis \$ 2,							
HAIR & TABLE		Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
DRWR INSULATED FILE 6/11/99 514P HAN FILE 5/27/99	195 \$	2,195	3/5	\$ 1		٠, ا	\$
514 <i>F</i> HAN FILE 5/27/99	888	888	S/L	7			
, F	902	106	S/L	7			
N COFIER 8/02/99	3,157	3,157	S/L	Ŋ			
8/02/99	5,433	5,284	S/L	7	149		149
3/10/05	1,470	1,176	S/L	2	294		294
IN/01/09 2,707,667	299		S/L	40	56,410		56,410
11/01/09 292,	383		S/L	40	6,091		6,091
11/01/09 208,	378		S/L	40	4,341		4,341
INCA 11/01/09 204,628	628		S/L	40	4,263		4,263
11/01/09	77,270		S/L	40	1,610		1,610
	570		S/L	S	288		288
IMCA CAPITALIZED INTERES 11/11/09 51,	839		S/L	40	1,080		1,080
TOTAL \$ 3,557,	584 \$	13,406		⟨ \	74,526	\$	\$ 74,526

15	1				
11/10/2010 3:24 PM		Charitable Purpose	φ		\[\text{O} \] \\ \sigma \
	Xpenses	Adjusted Net	₩.	6,855 -1,051 1,084 11,866	\$ 19,745
Federal Statements	990-PF, Part I, Line 23 - Other Expenses	Net Investment	s 35,529		\$ 35,529
Federal S	Statement 7 - Form 990-PF, F	Total	35,529	17,138 -1,051 2,709 29,664 11,553	
10728 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2010	State	Description	RENTALS INVESTMENT DEPRECIATION	EXPENSES INSURANCE SCHOLARSHIP EXPENSES TELEPHONE OFFICE EXPENSE MISCELLANEOUS TRAVEL. MFALS & FNTERTAINMENT	TOTAL

10728 Greensville Memorial Foundation

54-0645217

Federal Statements

FYE: 8/31/2010

Statement 8 - Form 990-PF, Part II, Line 10a - US and State Government Investments

	Description					
		Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
US TREASURY &	US GOVERNMENT	AGENCIES				
		\$ <u>1,231,356</u> \$	1,121,677	MARKET	\$_	1,121,677
TOTAL		\$ 1,231,356 \$	1,121,677		\$ <u></u>	1,121,677

Statement 9 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

De	scription					
		Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
COMMON STOCKS						
	\$_	3,144,420 \$	3,151,176	MARKET	\$_	3,151,176
TOTAL	\$ ₌	3,144,420 \$	3,151,176		\$_	3,151,176

Statement 10 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description		<u></u>				
	_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
CORPORATE BONDS						
	\$_	1,989,325 \$_	2,344,208	MARKET	\$_	2,344,208
TOTAL	\$_	1,989,325 \$	2,344,208		\$_	2,344,208

10728 Greensville Memorial Foundation

54-0645217

Federal Statements

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FYE: 8/31/2010

Statement 12 - Form 990-PF, Part II, Line 13 - Other Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
MONEY MARKET ACCOUNTS							
	\$_	209,027	\$_	202,809	MARKET	\$_	202,809
TOTAL	\$_	209,027	\$_	202,809		\$_	202,809

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10728 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2010	Federal (Federal Statements	y,		-	1/10/20	11/10/2010 3:24 PM
Statement 13	Statement 13 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	ine 14 - Land,	. Building, and	1 Equipm	ent		•
Description	Beginning Net Book	Cos	End Cost / Basis	End A Der	End Accumulated Depreciation		Net FMV
BUILDINGS & EQUIPMENT YMCA BUILDING LAND	\$ 463,936 2,707,667 368,306	w	15,419 3,542,165	w-	14,137	·γ-	1,282
TOTAL	3,539,909	ا	3.557.584	\ \ \ \	87.932	' 	3.469.652

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10728 Greensville Memorial Foundation

Federal Statements

FYE: 8/31/2010

54-0645217

Statement 14 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	 End of Year	_	Fair Market Value
KING TRUST NON-TRADE RECEIVABLES ACCRUED INTEREST RECEIVABLE PREPAID EXPENSES	\$ 647,837 4,705 38,798 8,483	\$ 682,964 10,916 37,896 7,553	\$	682,964 10,916 37,896 7,553
TOTAL	\$ 699,823	\$ 739,329	\$_	739,329

Statement 15 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	 Beginning of Year	 End of Year
INVESTMENT IN SUBSIDIARY DEFERRED RENT INCOME	\$ 113,794	\$ 164,911 44,248
TOTAL	\$ 113,794	\$ 209,159

Statement 16 - Form 990-PF, Part III, Line 3 - Other Increases

Description		<u>Amount</u>
PRIOR PERIOD ADJUSTMENT	\$	53,850
UNREALIZED GAINS	_	205,241
TOTAL	\$_	259,091

Statement 17 - Form 990-PF, Part III, Line 5 - Other Decreases

		Description	on			Amount
TAXABLE INCOME	NOT	RECORDED	ON	BOOKS	\$_	99,178
TOTAL					\$_	99,178

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Statement 18 - Form 990-PF		Part VII-A, Line 11a - Controlled Entity Information	
Name / Address	Z E	Description	Amount
TRANSFERS FROM CONTROLLED ENTITIES			w.
EUGENE H BLOOM RETIREMENT CENTER PO BOX 1015 EMPORIA VA 23847	54-1574204	DIVIDEND INCOME	99,178
EUGENE H BLOOM RETIREMENT CENTER PO BOX 1015 EMPORIA VA 23847	54-1574204	NON-TAXABLE DISTRIBUTION	100,822
TOTAL			\$ 200,000
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Statement 19 - Form	Statement 19 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	e 1 - List of Of	ficers, Directors, Tr	ustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MICHAEL S. ANDERSON, MD PO BOX 1015 EMPORIA VA 23847	CHAIRMAN	2.00	0	0	0
FRANK E. KIENTZ PO BOX 1015 EMPORIA VA 23847	VICE-CHAIR	2.00	0	0	0
ANGELA B. WILSON, MD PO BOX 1015 EMPORIA VA 23847	SECRETARY	2.00	0	0	0
ROBERT GRIZZARD, JR. PO BOX 1015 EMPORIA VA 23847	TREASURER	2.00	0	0	0
RAYMOND A. THOMAS PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
ELFREN A. QUITIQUIT, MD PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
ROBERT G. O'HARA, JR. PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
JILL SLATE PO BOX 1015 EMPORIA VA 23847	EXEC DIRECT	40.00	34,986	0	0

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Statement 20 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

THE APPLICATION MUST INCLUDE A BRIEF OVERVIEW OF THE ORGANIZATION AND THE PROPOSED PROJECT. ALSO INCLUDED IS AN INTRODUCTION, PROBLEM STATEMENT, FUTURE FUNDING, GOALS, BUDGET AND EVALUATION.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

AUGUST 1 FOR THE FALL GRANT CYCLE.

Statement 21 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

AWARDS ARE RESTRICTED TO AREAS SERVICED BY THE GREENSVILLE MEMORIAL HOSPITAL AND ARE LIMITED TO A ONE-YEAR PERIOD.

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<u> 23 - Form</u>
Statement

	Amount	144
	Purpose	COMMUNITY SERVICES
	Status	G05 PUBLIC
Address	Relationship	100 E. BROADWAY, STE
Name	Address	6TH CSU FAMILY VIOLENCE HOPEWELL VA 23860

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Statement 23 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved f	Future Pmt (continued)

Name	Address			
Address	Relationship	Status	Purpose	Amount
SVCC NURSING PROGRAM EMPORIA VA 23847	1300 GREENSVILLE CNTY CIR PUBL	CIR PUBLIC	NURSING PROGRAM	20,000
JACKSON-FIELD HOMES	546 WALNUT GROVE DRIVE) - 		
JARRAIT VA 23867		PUBLIC	PROGRAM SUPPORT	5,026
TOWN OF LAWRENCEVILLE	400 N. MAIN STREET			
LAWRENCEVILLE VA 23868	3868	PUBLIC	PURCHASE OF EQUIPMENT	5,500
GREENS. CNTY HEALTH DEPT 140 URIAH BRANCH	140 URIAH BRANCH WAY			
EMPORIA VA 23847		PUBLIC	MAMMOGRAPHY PROJECT	4,830
BRUNSWICK CO SHERIFF DEPT 120 E. HICKS STRE	T 120 E. HICKS STREET			
LAWRENCEVILLE VA 23868	3868	PUBLIC	PURCHASE OF EQUIPMENT	6,475
TOTAL				41,975