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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , 2011, **and ending** , 20

Name of foundation
VHA FOUNDATION, INC.

A Employer identification number
22-2710552

Number and street (or P O box number if mail is not delivered to street address)
220 E LAS COLINAS BLVD.

Room/suite

B Telephone number (see instructions)
(877) 847-1450

City or town, state, and ZIP code
IRVING, TX 75039-5500

C If exemption application is pending, check here . . . . . ▶ ☐

G Check all that apply
☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

D 1 Foreign organizations, check here . ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here . ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 883,557.

J Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	557,394.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	53,634.	53,634.		ATCH 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-27,129.			
	b Gross sales price for all assets on line 6a 1,477,775.				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	583,899.	53,634.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages	16,618.			
	15 Pension plans, employee benefits	5,727.			
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) ATCH 2	16,067.			16,067.
	c Other professional fees (attach schedule) *	6,884.	6,884.		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	47.			
	20 Occupancy	1,038.			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) ATCH 4	2,178.			
	24 **Total operating and administrative expenses.** Add lines 13 through 23	48,559.	6,884.		16,067.
	25 Contributions, gifts, grants paid	1,734,183.			1,734,183.
	26 **Total expenses and disbursements** Add lines 24 and 25	1,782,742.	6,884.	0	1,750,250.
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-1,198,843.			
	b **Net investment income** (if negative, enter -0-)		46,750.		
	c **Adjusted net income** (if negative, enter -0-)				

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*ATCH 3

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Form **990-PF** (2011)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	185,458.	128,642.	128,642.
	2 Savings and temporary cash investments	1,325,110.	462,525.	462,525.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable	9,200.	8,135.	8,135.
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10 a Investments - U S and state government obligations (attach schedule) **	558,088.	284,255.	284,255.
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶ ATCH 6)	2,182.		
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	2,080,038.	883,557.	883,557.
Liabilities	17 Accounts payable and accrued expenses	5,963.	6,780.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	2,046.		
	23 **Total liabilities** (add lines 17 through 22)	8,009.	6,780.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	2,018,466.	876,777.	
	25 Temporarily restricted	53,563.		
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ [ ]			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see instructions)	2,072,029.	876,777.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	2,080,038.	883,557.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,072,029.
2	Enter amount from Part I, line 27a	2	-1,198,843.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 7	3	3,591.
4	Add lines 1, 2, and 3	4	876,777.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	876,777.

**ATCH 5

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	SEE PART IV SCHEDULE			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	-27,129.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010	288,692.	1,623,965.	0.177770
2009	347,142.	958,265.	0.362261
2008	682,691.	1,210,061.	0.564179
2007			
2006			

2	**Total** of line 1, column (d)	2	1.104210
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.368070
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	1,598,651.
5	Multiply line 4 by line 3	5	588,415.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	468.
7	Add lines 5 and 6	7	588,883.
8	Enter qualifying distributions from Part XII, line 4	8	1,750,250.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling 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 here ▶ [X] and enter 1% of Part I, line 27b	1	468.
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-)	2	
3	Add lines 1 and 2	3	468.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	468.
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 425.		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	425.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	43.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶$ _____ (2) On foundation managers ▶$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
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
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • 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	
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	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DE, TX,			
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 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *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 names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.VHAFOUNDATION.ORG

14 The books are in care of ▶ HELEN MIHAS, VHA Telephone no ▶ 972-830-0000

Located at ▶ 220 E. LAS COLINAS BLVD IRVING, TX ZIP + 4 ▶ 75039-5500

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No			
	If "Yes," list the years ▶ N/A			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ N/A			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)*	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ 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	☒ No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ 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 instructions)	☐ Yes	☒ No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No	
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?		5b	N/A
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ 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 pay premiums on a personal benefit contract?	☐ Yes	☒ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		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 shelter transaction?	☐ Yes	☒ No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATTACHMENT 8		0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions 3 NONE	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	1,377,185.
b	Average of monthly cash balances	1b	245,811.
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	1,622,996.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,622,996.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	24,345.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,598,651.
6	**Minimum investment return.** Enter 5% of line 5	6	79,933.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	79,933.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	468.		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	468.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	79,465.
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	79,465.
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	79,465.

Part XII Qualifying Distributions(see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	1,750,250.
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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,750,250.
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 instructions)	5	468.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,749,782.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				79,465.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20 09 , 20 08 , 20 07				
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009 121,928.				
e From 2010				
f Total of lines 3a through e	121,928.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ $ 1,750,250.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				79,465.
e Remaining amount distributed out of corpus	1,670,785.			
5 Excess distributions carryover applied to 2011 *(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:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,792,713.			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	1,792,713.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009 121,928.				
d Excess from 2010 0				
e Excess from 2011 1,670,785.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test- enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

N/A

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACHMENT 9				
Total ▶ **3a**				1,734,183.
b *Approved for future payment*				
NONE				
Total ▶ **3b**				NONE

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	53,634.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-27,129.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				26,505.	
13 Total Add line 12, columns (b), (d), and (e)				13	26,505.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

▶ [signature] 6/15/2012 ▶ Secretary

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Lisa Parnell	Lisa Parnell	6/13/2012		P00557571

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ 34-6565596

Firm's address ▶ 201 MAIN ST., STE 1100 FORT WORTH, TX 76102 Phone no 817-348-6000

Form **990-PF** (2011)

JSA

1E1493 2 000

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization
VHA FOUNDATION, INC.

Employer identification number
22-2710552

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) *exempt private foundation*
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization VHA FOUNDATION, INC. | Employer identification number 22-2710552

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VHA INC 220 E LAS COLINAS BLVD IRVING, TX 75039-5500	$ 258,374.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2	VHA GULF STATES 5555 HILTON AVE, STE 205 BATON ROUGE, LA 70808	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3	BLESSING HOSPITAL/BLESSING FOUNDATION P.O. BOX 7005 QUINCY, IL 62305	$ 9,431.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4	PARRISH MEDICAL CENTER 951 NORTH WASHINGTON AVE TITUSVILLE, FL 32796	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5	VHA SOUTHEAST 4211 W BOYSCOUT BLVD., STE 750 TAMPA, FL 33607	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6	ASPIRUS WAUSAU HOSPITAL 333 PINE RIDGE BLVD WAUSAU, WI 54401	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization VHA FOUNDATION, INC. | Employer identification number 22-2710552

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CAROLINA EAST MEDICAL CENTER 2000 NEUSE BOULEVARD NEW BERN, CA 28560	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
8	CENTRA CARE HEALTH 1406 6TH AVE NORTH ST. CLOUD, MN 56303	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
9	COX HEALTH 1423 NORTH JEFFERSON AVE SPRINGFIELD, MO 65802	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
10	DOBLIN GROUP INC. 2 CANAL PARK CAMBRIDGE, MA 02141	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
11	FAIRMONT OLYMPIC HOTEL 411 UNIVERSITY STREET SEATTLE, WA 98101	$ 5,257.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
12	FMOL HEALTH SYSTEM 4200 ESSEN LANE BATON ROUGE, LA 70809	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization VHA FOUNDATION, INC. | Employer identification number 22-2710552

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GRAND VIEW HOSPITAL 700 LAWN AVENUE SELLERSVILLE, PA 18960	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
14	HEALTHEAST CARE BETHESDA HOSPITAL 559 CAPITOL BLVD. ST. PAUL, MN 55103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
15	KARLA STRANGE 114 LADERA LANE WASHINGTON, MO 63090	$ 6,825.	Person [ ] Payroll [X] Noncash [ ] (Complete Part II if there is a noncash contribution)
16	MARION GENERAL HOSPITAL 41 N WABASH MARION, IN 46952	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
17	MARTIN MEMORIAL HEALTH SYSTEMS PO BOX 9010 STUART, FL 34995	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
18	STORMONT-VAIL FOUNDATION 1500 SW 10TH AVE TOPEKA, KS 66604	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization VHA FOUNDATION, INC. | Employer identification number 22-2710552

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE QUEEN'S MEDICAL 1301 PUNCHBOWL ST. HONOLULU, HI 96813	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
20	UNIVERSITY HOSPITAL OF EASTERN CAROLINA 2100 STANTONSBURG ROAD GREENVILLE, NC 27835-6028	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
21	YALE NEW HAVEN HEALTH 20 YORK ST NEW HAVEN, CT 06510	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization VHA FOUNDATION, INC. | Employer identification number 22-2710552

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization VHA FOUNDATION, INC.

Employer identification number 22-2710552

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year. (Enter this information once. See instructions) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		MERRILL LYNCH 7DP-02017 NET ST PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
961,428.		994,234.					-32,806.	
		MERRILL LYNCH 7DP-02083 ST LOSS PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
213,824.		216,926.					-3,102.	
		MERRILL LYNCH 7DP-02083 LT GAIN PROPERTY TYPE: SECURITIES				P	VARIOUS	VARIOUS
302,523.		293,744.					8,779.	
TOTAL GAIN(LOSS)		.....					-27,129.	

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INTEREST INCOME	11,713.	11,713.
DIVIDEND INCOME	30,951.	30,951.
NET PREMIUM/DISCOUNTS REALIZED ON SALE	10,970.	10,970.
TOTAL	53,634.	53,634.

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ERNST & YOUNG	4,100.			4,100.
GRANT THORNTON	11,967.			11,967.
TOTALS	16,067.			16,067.

ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INVESTMENT MGMT FEES	6,884.	6,884.
TOTALS	6,884.	6,884.

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS
OFFICE EXPENSE		2,178.
	TOTALS	2,178.

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ATTACHMENT 5

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ASSET BACKED SECURITIES	258,721.	258,721.
US TREASURY BONDS	25,534.	25,534.
US OBLIGATIONS TOTAL	284,255.	284,255.

ATTACHMENT 6

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ACCRUED INTEREST CURRENT	NONE	NONE
TOTALS		

ATTACHMENT 7

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN	3,591.
TOTAL	3,591.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES ATTACHMENT 8

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CURT NONOMAQUE 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	CHAIR 1.00	0	0	0
FRANCO DOOLEY 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	TREASURER 1.00	0	0	0
MICHAEL REGIER 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	SECRETARY 1.00	0	0	0
COLLEEN RISK 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	DIRECTOR 1.00	0	0	0
	GRAND TOTALS	0	0	0

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE 501(C)(3)	DISASTER RELIEF	100,000.
SAVE THE CHILDREN 54 WILTON ROAD WESTPOINT, CT 06880	NONE 501(C)(3)	DISASTER RELIEF	71,683
ATOKA COUNTY MEDICAL CENTER 1200 W LIBERTY ROAD ATOKA, OK 74525	NONE INDIVIDUAL (9)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	4,500
NORMAN REGIONAL HEALTH SYSTEM 901 N PORTER BOX 1308 NORMAN, OK 73070	NONE INDIVIDUAL (3)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	1,500
STILLWATER MEDICAL CENTER 1323 WEST 6TH AVENUE STILLWATER, OK 74074	NONE INDIVIDUAL (4)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	2,000
GRADY MEMORIAL HOSPITAL 2220 IOWA AVE CHICKASHA, OK 73018	NONE INDIVIDUAL (7)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	3,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INTEGRIS HEALTH SYSTEM 3366 NORTHWEST EXPWY OKLAHOMA CITY, OK 73112	NONE INDIVIDUAL (11)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	5,500
TAHLEQUAH CITY HOSPITAL 1400 E DOWNING TAHLEQUAH, OK 74465	NONE INDIVIDUAL (2)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	1,000
BAPTIST HEALTH SYSTEM, INC 3201 4TH AVE SOUTH BIRMINGHAM, AL 35222	NONE INDIVIDUAL (67)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	33,500.
NORTHEAST ALABAMA REGIONAL MEDICAL CENTER 309 EAST 8TH ST ANNISTON, AL 36207-5731	NONE INDIVIDUAL (7)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	3,500
MARSHALL MEDICAL CENTERS 8000 ALABAMA HWY 69 GUNTERSVILLE, AL 35976	NONE INDIVIDUAL (40)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	20,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DCH HEALTH SYSTEM 809 UNIVERSITY BLVD EAST TUSCALOOSA, AL 35401	NONE INDIVIDUAL (276)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	138,000
CONWAY REGIONAL HEALTH SYSTEM 2302 COLLEGE AVE CONWAY, AR 72034	NONE INDIVIDUAL (24)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	12,000
WASHINGTON REGIONAL MEDICAL SYSTEM 3215 N NORTHHILLS BLVD FAYETTEVILLE, AR 72703	NONE INDIVIDUAL (137)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	68,500
CRITTENDEN REGIONAL HOSPITAL 200 W TYLER AVE WEST MEMPHIS, AR 72301	NONE INDIVIDUAL (10)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	5,000
HAMILTON HEALTH CARE SYSTEM 1200 MEMOIRAL DRIVE DALTON, GA 30720	NONE INDIVIDUAL (5)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	2,500

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FLOYD MEDICAL CENTER 304 TURNER MCCALL DRIVE ROME, GA 30165	NONE INDIVIDUAL (21)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	10,500
OCH REGIONAL MEDICAL CENTER 400 HOSPITAL RD STARKVILLE, MS 39301	NONE INDIVIDUAL (1)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	500
ANDERSON REGIONAL MEDICAL CENTER 2124 14TH STREET MERIDIAN, MS 39301	NONE INDIVIDUAL (2)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	1,000
DELTA REGIONAL MEDICAL CENTER 1400 E UNION ST GREENVILLE, MS 38703	NONE INDIVIDUAL (2)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	1,000
NORTH MISSISSIPPI MEDICAL CENTER 830 SOUTH GLOSTER ST TUPELO, MS 38801	NONE INDIVIDUAL (23)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	11,500

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BAPTIST MEMORIAL HEALTH CARE CORPORATION 350 NORTH HUMPHREYS MEMPHIS, TN 38120	NONE INDIVIDUAL (52)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	26,000
AMERICAN LEGION HOSPITAL 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526	NONE INDIVIDUAL (1)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	500.
FREEMAN HEALTH SYSTEM 1101 WEST 32ND ST JOPLIN, MO 64804	NONE INDIVIDUAL (448)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	224,000
BURGESS HEALTH CENTER 1600 DIAMOND ST ONAWA, IA 51040	NONE INDIVIDUAL (6)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	3,000
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA 2100 STANTONSBURG ROAD GREENVILLE, NC 27834	NONE INDIVIDUAL (14)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	7,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MEDCENTER ONE FOUNDATION 300 NORTH SEVENTH STREET BISMARCK, ND 58501	NONE INDIVIDUAL (214)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	107,000
TRINITY HEALTH FOUNDATION ONE BURDICK EXPRESSWAY W MINOT, ND 58701	NONE INDIVIDUAL (528)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	264,000
ATCHISON HOSPITAL 800 RAVEN HILL ROAD ATCHISON, KS 66002	NONE INDIVIDUAL (23)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	2,500
CALVERT MEMORIAL HOSPITAL 100 HOSPITAL ROAD PRINCE FREDERICK, MD 20678	NONE INDIVIDUAL (8)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	4,000.
NASH HEALTH CARE SYSTEM 2460 CURTIS ELLIS DRIVE ROCKY MOUNT, NC 27804	NONE INDIVIDUAL (14)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	7,000

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHILTON HOSPITAL 97 WEST PARKWAY POMPTON PLAINS, NJ 07444	NONE INDIVIDUAL (40)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	20,000
SHORE MEMORIAL HEALTH SYSTEM 1 EAST NEW YORK AVE SOMERS POINT, NJ 08244	NONE INDIVIDUAL (1)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	500
VHA EMPIRE METRO 421 KENNICUT HILL ROAD MAHOPAC, NY 10541	NONE INDIVIDUAL (1)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	250.
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA 2100 STANTONSBURG ROAD GREENVILLE, NC 27834	NONE INDIVIDUAL (234)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	117,000
VALLEY HEALTH SYSTEM 223 N VAN DIEN AVENUE RIDGEWOOD, NJ 07450	NONE INDIVIDUAL (23)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	11,500

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SOUTHWESTERN VERMONT HEALTH CARE 100 HOSPITAL DRIVE BENNINGTON, VT 05201	NONE INDIVIDUAL (17)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	4,250
UHS 10-42 MITCHELL AVENUE BINGHAMTON, NY 13903	NONE INDIVIDUAL (356)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	178,000
FAXTON-ST LUKE'S HEALTHCARE 1676 SUNSET AVENUE UTICA, NY 13502	NONE INDIVIDUAL (11)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	5,500
COMMUNITY MEDICAL CENTER HEALTHCARE 1822 MULBERRY STREET SCRANTON, PA 18510	NONE INDIVIDUAL (9)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	4,500
GOOD SAMARITAN HEALTH SYSTEM FOURTH & WALNUT STREETS LEBANON, PA 17042	NONE INDIVIDUAL (75)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	37,500.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CAYUGA MEDICAL CENTER OF ITHACA 101 DATES DRIVE ITHACA, NY 14850	NONE INDIVIDUAL (18)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	9,000
GUTHRIE HEALTH ONE GUTHRIE SQUARE SAYRE, PA 18840	NONE INDIVIDUAL (153)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	76,500
SUSQUEHANNA HEALTH 777 RURAL AVENUE WILLIAMSPORT, PA 17701	NONE INDIVIDUAL (114)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	57,000
EPHRATA COMMUNITY HOSPITAL 169 MARTIN AVENUE EPHRATA, PA 17522	NONE INDIVIDUAL (14)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	7,000
PINNACLE HEALTH SYSTEM 205 SOUTH FRONT STREET HARRISBURG, PA 17105	NONE INDIVIDUAL (90)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY	45,000.

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ATTACHMENT 9 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LANCASTER GENERAL HEALTH 555 NORTH DUKE STREET LANCASTER, PA 17604	NONE INDIVIDUAL (37)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	18,500.
		TOTAL CONTRIBUTIONS PAID	1,734,183