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## 990-PF

## **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

Departmi Internal R	ent of the Treasury Revenue Service	Note. The foundation may	Treated as a Prival y be able to use a copy of th			g requirements	Open to Public Inspection
For ca	ilendar year 2012	or tax year beginning		, 2012,	and endin		, 20
	of foundation	TUC				22-2710	ntification number
	FOUNDATION	, INC.	1 10 21 22 21 21 22 22	<del></del>	Room/sulte		mber (see instructions)
Nume	oar and sizer (or P.O.	. DOX NUMBER II MBII IS NOT GENVERED	to suest souless)		KOOHNSUNG	1 '	877) 847-1450
220	E LAS COLI	מעום פגע				,	0117 041-1450
	or town, state, and ZIP				· · · · · · · · · · · · · · · · · · ·		
0, 0	in town, oute, and an					C If exemption ap	plication is
TRV	'ING, TX 750	39-5500				pending, check t	iere
	eck all that apply:	Initial return	Initial seturn	of a former pu	blic charit	╗	
o che	ser all triat apply.	Final return	Amended re	•	ibilo criarit		nizations, check here
		Address change	Name change			85% test, che	ck here and attach
H Che	eck type of organi	ization: X Section 501(			<del></del>		
		nonexempt charitable trust	Other taxable pr		on.		ation status was terminated  (77(b)(1)(A) check here
	r market value of		unting method:   Ci			1	n is in a 60-month termination
	ear (from Part II, o		ther (specify)				7(b)(1)(B), check here .
-			column (d) must be on	cash basis )		· <b>-</b>	
	Analysis of Re	venue and Expenses (The	(a) Revenue and			4 ) 4	(d) Disbursements
	total of amounts in	n columns (b), (c), and (d)	expenses per	(b) Net Inves		(c) Adjusted net income	for charitable purposes
	may not necessar column (a) (see in	rily equal the amounts in astructions).)	books	HICOITE			(cash basis only)
1		nts, etc., received (attach schedule) ,	280,310.				
2		e foundation is not required to ich Sch B					
3		and temporary cash investments					
4	<del>-</del>	erest from securities	37,745.	37	,745.		ATCH 1
5a							
I .		(loss)					
1 -		om sale of assets not on line 10	16,2847	-	F		
5 6	Gross sales price for assets on line 6a	al 565,401.			#	ن نه از	* * 1
Sevenue 4		ncome (from Part IV, line 2) ,		16	,284.	£ - *	
œ 8		pital gain				GE OUT 5 1	
9	Income modificati	ons		,	į.		(6.) -)
10 a	Gross sales less retur	πs (		<u> </u>	11	· · · · · · · · · · · · · · · · · · ·	
Ь	Less: Cost of goods a	1		, <u>* </u>		L+C; * 1	
c	Gross profit or (los	ss) (attach schedule					
11	Other income (att	ach schedule)			000		
12	Total, Add lines 1	through 11	334,339.		,029.		
13	Compensation of off	icers, directors, trustees, etc.	10 420				
g 14	Other employee s	alaries and wages	10,420.				
14 15 8 0 c 17 18 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pension plans, en	nployee benefits	3,383.			<del></del>	
io 16 a	Legal fees (attach	schedule)	4,300.	<del></del>	<del></del>		4,30
in p	Accounting fees (	attach schedule)ATCH 2	4,300.	<del>                                     </del>	,907.		, 1,50
á c	Other professions	al fees (attach schedule), *, ,	4,907.				<del></del>
말 17	interest	**************************************	470.		<del></del>		
[ 18	Taxes (attach schedu	ule) (see instructions)ATCH 4	7701	<del>-</del>		<del></del> ;	
튀19	Depreciation (atta	ich schedule) and depletion.	234.				
<b>₹</b>  20	Occupancy		2011		<del></del>		
E 21	I ravel, comerence	es, and meetings	299.	<del>                                     </del>			
E 22	•	cations	1,987.				
Operating and 722 24 25		attach schedule) ATCH . 5 .		<b>-</b>			
90 24	• •	nd administrative expenses.	26,000.	4	1,907.		4,30
ଠ୍ରି		ugh 23	397,643.				397,64
	_	ts, grants paid	423,643.		1,907.		d 401,94
26	Subtract line 26 f		,		<del></del>		
		r expenses and disbursements	-89,304.				
		ncome (if negative, enter -0-)		49	7,122.		<u> </u>
		ome (if negative, ental -0-).				<del>:</del>	
		n Act Notice see inclinations	<u> </u>	*ATC	<del>-u -a</del>	· · · · · · · · · · · · · · · · · · ·	Form 990-PF (201

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V 12-6.8F

Part	Rajance Sheets	description column should be for end-of-year	Beginning of year	End of	year
	Datable Officets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-Interest-bear	ing	128,642.	220,296.	
, 2		cash investments	462,525.	405,239.	405,239
3		• • • • • • • • • • • • • • • • • • • •			_
	Less: allowance for dou	biful accounts >	^	ļ	•
4					
	Less: allowance for dou	btful accounts ▶			
5			8,135.	9,052.	9,052
6		officers, directors, trustees, and other			
"		1			
١.		tach schedule) (see instructions)			
7		eccivable (attach schedule)			
		btful accounts ▶			
1 8	Inventories for sale or us	e			
Assets	Prepaid expenses and de	eferred charges			
<b>⋖</b>  10 .	B Investments - U.S and state	e government obligations (attach schedule), ", "	284,255.	186,503.	186,503
-	b Investments - corporate	stock (attach schedule)			
11	Investments - lend, buildings		-		
	Less accumulated deprecia (attach schedule)	ation >			
12		loans			
13	lavonimenta sibas/alla	and a market of the State of th			
14	Land, buildings, and	<b>&gt;</b>			
-	Less: accumulated deprecia	tion >			
15	(attach schedule)	ATCH 7		1,385.	1,385
18	Total secolo //o ho	completed by all filers . can the	·····	<u></u>	
"	instructions. Also, see or	age 1, item i)	883,557.	822,475.	822,475
1.			6,780.	5,737.	-
17		ccrued expenses			
18					
Sallities 20 21					
≝ 20	· ·	rs, trustees, and other disqualified persons 🔒 📙			
[ 21		tes payable (attach schedule)		,	
22	Other liabilities (describe	· <b>-</b> )		******	
					ž.
23	Total liabilities (add line	s 17 through 22)	_6,780.	5,737.	
	Foundations that foll	low SFAS 117, check here ► X			
es l	and complete lines 2	24 through 26 and lines 30 and 31.			
D 24	Unrestricted	L	876,777.	816,738.	
Salances 24 25					
26 26					
밑~~		not follow SFAS 117,			
Pund Jo	check here and com	plete lines 27 through 31.			
Ö 27		cipal, or current funds			
<b>1</b>					•
Net Assets 30 30 52 52		land, bidg , and equipment fund	<del></del>		
Z 29	• • • • • • • • • • • • • • • • • • • •	elated income, endowment, or other funds	876,777.	816,738.	
를 30		balances (see Instructions)	- 010,777	010,730.	
7 31		net assets/fund balances (see	002 552	000 475	
	Instructions)	·····	883,557.	822,475.	
		inges in Net Assets or Fund B			
		alances at beginning of year - Part II			076 775
enc	l-of-year figure reported	I on prior year's return)			876,777
2 Ent	er amount from Part I, I	ine 27a ed In line 2 (itemize) ► ATCH 8	<i>.</i>	2	-89,304
3 Oth	er Increases not include	ed In line 2 (itemize) ► ATCH 8		3	29, 265
	d lines 1, 2, and 3			4	816,738
	creases not included in	line 2 (itemize) ▶		5	
		lances at end of year (line 4 minus lin	ne 5) - Part II, column (b), I	line 30 6	816,738.
		**ATCH 6			Form 990-PF (2012)

Pa	art IV Capital Gains	and Losses for Tax on Inv	estment Income			<del></del>	
		d describe the kind(s) of property sold (			(b) How acquired	(c) Date acquired	(d) Date sold
_		orick warehouse, or common stock, 200	shs MLC Co)		P - Purchase D - Donation	(mo., day, yr.)	(mo., day, yr.)
<u>1a</u>	SEE PART IV SCHE	DULE	· · · · · · · · · · · · · · · · · · ·				<u> </u>
<u>b</u>							
_ <u>c</u>							
-0	<del></del>						
		(f) Depreciation allowed	(g) Cost or other b	asis		(h) Gain or (lo	(55)
	(e) Gross sales price	(or allowable)	plus expense of	1		(e) plus (f) mini	
a							
ь							
С							
<u>d</u>							
<u>e</u>							<del></del>
	Complete only for assets	showing gain in column (h) and owner	T			Gains (Col. (h) g	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if a		COI.	(k), but not less t Losses (from co	
8							
þ					<del></del>		
C							<del> </del>
d				······································			
<u> </u>		, 16	gain, also enter in Part	i fino 7	<u> </u>	<del></del>	
2 (	Capital gain net income or		(loss), enter -0- in Part I		2		16,284.
3	Net short-term capital gair	or (loss) as defined in sections 12		'"""			
		rt I, line 8, column (c) (see inst		er -O- in l			
	•			$\dots$ $\mathbb{N}$	_3		. 0
Pa	ert V Qualification	Under Section 4940(e) for Re	duced Tax on Net Inv	estment in	come		
lf "Y	Yes," the foundation does	the section 4942 tax on the distribution of qualify under section 4940(e).	Do not complete this pa	irt			Yes X No
1	Enter the appropriate am	ount in each column for each year	T	lore making	any enur	(d)	
•	Base period years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-	use assets		Distribution re (co) (b) divided by	
	ilendar year (or tax year beginning in) 2011	1,749,782.	<u> 1</u>	8,651.		(cor (b) civided b)	1.094537
	2010	288,692.	I	3,965.			0.177770
	2009	347,142.	95	8,265.			0.362261
	2008	682,691.	1,21	0,061.			0.564179
	2007						
					İ		
2	Total of line 1, column (d)	)			2		2.198747
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5,	or by the	_		D 540607
	number of years the foun	dation has been in existence if less	s than 5 years		3		0.549687
4	Enter the net value of nor	ncharitable-use assets for 2012 fro	om Part X, line 5		4		899,304.
5	Multiply line 4 by line 3				5		494,336.
6		ent income (1% of Part I, line 27b)			6		491.
							494,827.
					7		
	Enter qualifying distributed If line 8 is equal to or grant VI instructions.	ons from Part XII, line 4	in Part VI, line 1b, and	complete th	8   hat part (	using a 1% tax	401,943. rate. See the
JSA	430 1 000					Form	990-PF (2012)
461	TT9003 C099	**	12-6.8F	VHAHF			PAGE

	980-PF (2012) VHA FOUNDATION, INC. 22-271			Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	tions	3)
1a	Exempt operating foundations described in section 4940(d)(2), check here		-	
	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			982.
	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-) 2			
3	Add lines 1 and 2		9	982.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on Investment Income. Subtract line 4 from line 3 If zero or less, enter -0			982.
6	Credits/Payments:			
8	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 991.			
d	Backup withholding erroneously withheld		,	201
7	Total credits and payments Add lines 6a through 6d			91.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			9.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ,			
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 2013 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities	T		T
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No_X
	or intervene in any political campaign?	1a		<del>  ^</del>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1		х
	definition)?	16		-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1
	distributed by the foundation in connection with the activities.	10		x
	Did the foundation file Form 1120-POL for this year?	''		
đ	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation. > \$ (2) On foundation managers > \$  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
8				
_	foundation managers.   \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	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,	1 1		
3	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 9	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
70	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N	A
6	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T.			
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	<u> </u>	
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	1	X	<b> </b>
8a	many and the state of the state			
	DE, TX,	.		l
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)		u,	
	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		,	1
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			J
	Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			x
	Boddresses	10	A ==	<u> </u>
		Form 99	U-P-	(201Z)

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Form	990-PF (2012) VHA FOUNDATION, INC. 22-271	0552		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			x
17	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		<del>                                     </del>
,12	person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	WWW.VHAFOUNDATION.ORG			
14	The books are in care of ► HELEN MIHAS, VHA Telephone no ► 972-830	-000	0	
	The books are in care of ► HELEN MIHAS, VHA  Located at ► 220 E. LAS COLINAS BLVD IRVING, TX  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	500		<del></del>
15				·
	and enter the amount of tax-exempt interest received or accrued during the year	NI	•	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	1	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	18	<u> </u>	<u> </u>
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1. If "Yes," enter the name of			
Pa	the foreign country  TVILE Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1 :	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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		1	3
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		Ì	
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of Botestinatives to the contract the contract to	ļ		
•	of 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)?	1 b		х
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ŀ		
	were not corrected before the first day of the tax year beginning in 2012?	1c	<u> </u>	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)):	i		
ě	At the end of tax year 2012, did the foundation have any undistributed income (fines 6d and	ŀ		,
	6e, Part XIII) for tax year(s) beginning before 2012?	1		
	If "Yes," list the years > A043(c)(2)			
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ĺ		
	(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
	to the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			<u> </u>
•	the provisions of Section 4542(a)(2) and seeing appared to drift of the years materially and the years materials.	İ	ĺ	
31	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ĺ
	at any time during the year?			ĺ
1	o if "Yes," did it have excess business holdings in 2012 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	1	N	A
	foundation had excess business holdings in 2012.)	36	100	X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	<del>                                     </del>	<del></del>
į	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 2012?	46	}	х
	cuantable balbase that may not been tempted main leability before the may do me tay test bedining in 20121		A DE	/2012\

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Part, VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Employ	ees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE	, <del>1</del>
(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	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year, include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1 N/A		
2		
3		
4		
Delivery Deleted Investments (see instructions)	<del></del>	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 1 NONE		
1 NONE		
2		
All other program-related investments. See Instructions.		
3 NONE		
Total. Add lines 1 through 3	, , <u>, , , , , , , , , , , , , , , , , </u>	

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	990-PF (2012)		Page 8
Pa	<ul> <li>Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)</li> </ul>	gn foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
2	Average monthly fair market value of securities	1a	756,741.
b	Average of monthly cash balances	1b	156,268.
c		1c	
	Total (add lines 1a, b, and c)	1d	913,009.
	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	1 2	
3		3	913,009.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	<del></del>	<u> </u>
•		4	13,705.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	899,304.
6	Minimum investment return. Enter 5% of line 5	6	44,965.
	rt 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 p	oart.)	
1	Minimum Investment return from Part X, line 6	1	44,965.
	Tax on investment income for 2012 from Part VI, line 5 2a 982.		
b	Income tax for 2012. (This does not include the tax from Part VI.) 2b	1 1	
c		2c	982.
3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	3	43,983.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	43,983.
6		6	
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	43,983.
Pa	rt 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	401,943.
_	• • • • • • • • • • • • • • • • • • • •	1b	
, b	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
2	24200110	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	104 040
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	401,943.
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	401 643
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	401,943.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years.	culating who	ether the foundation

Form 990-PF (2012)

Form	1990-PF (2012)				Page S
Pa	rt XIII Undistributed Income (see instruc	tions)			
	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7				43,983.
2	Undistributed income, if any, as of the end of 2012:				
8	Enter amount for 2011 only  Total for pnor years: 20 10 20 09 20 08				
b	Total for pnor years: 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012:		:		
	From 2007				
b	From 2008				
C	From 2009 121, 928.				
d	From 2010 1,670,785.				
		1,792,713.			
	Total of lines 3a through e	1, 192, 113.			
4	Qualifying distributions for 2012 from Part XII,	ļ			
_	line 4: ▶ \$ 401, 943. Applied to 2011, but not more than line 2a				
	· · · · · · · · · · · · · · · · · · ·				
	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election				
_	required - see instructions)				43,983.
	Applied to 2012 distributable amount	357,960.			-
5	Remaining amount distributed out of corpus	- · · · · · · · · · · · · · · · · · · ·		<del></del>	
•	(If an amount appears in column (d), the same				
6	emount must be shown in column (e).) Enter the net total of each column as				
0	Indicated below:				
8	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,150,673.			
ь	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				
ď	4a from line 2a. Taxable amount - see				
	Instructions				
f	Undistributed income for 2012. Subtract lines				ļ
	4d and 5 from line 1. This amount must be distributed in 2013				
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 2007 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.	2 150 672			1
	Subtract lines 7 and 8 from line 6a	2,150,673.			
10	, i				
a	Excess from 2008				
b	ZROOOT INCHIESTORY				
C	Excess from 2010				•
đ	Excess from 2011				
	LAUGUS HVIII AVIE		<u> </u>	<del></del>	

Form 990-PF (2012)

Form 990-PF (2012)

VHAHE

Page 11

Part-XV Supplementary Information (	continued)			
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	gr şubstantial contributor	recipient	contribution	
a Paid dunng the year				
ATCH 10			[	
			•	
	ł			
		<u> </u>		
Total		<u> </u>	▶ 3a	397,643.
b Approved for future payment				
		]	İ	
		1	]	
Total			▶ 3b	
				Form 990-PF (2012)

JSA 2E1491 1 000

Program ser  a  b  c  d	nounts unless otherwise indicated arvice revenue.	Unrela	ated business income	Transferred and the		
a	rvice revenue.	(a)	(b)	(c)	/ section 512, 513, or 514 (d)	(e) Related or exempt function income
b		Business code	Amount	Exclusion code	Amount	(See instructions.)
¢						<del></del>
d						
-				<del>                                     </del>		
f						
g Fees and	contracts from government agencies					
Membership	p dues and assessments					
	avings and temporary cash investments				27 745	
	and interest from securities	ļ		14	37,745.	
	ncome or (loss) from real estate:					
	anced property			-		
	t-financed property					
	stment income , ,			<b>†</b>		
	) from sales of assets other than inventory	1		18	16,284.	
	or (loss) from special events					
	t or (loss) from sales of inventory					<del></del>
•	ue: a					
				<u> </u>		<u></u>
		<del></del>		-		<u> </u>
ė	dd columns (b), (d), and (e)		· · · · · · · · · · · · · · · · · · ·		54,029.	
Total. Add li e worksheet irt XVI-B	·	ulations) s to the Ac	complishment of Ex	empt Purp	oses	
Total. Add li e worksheet art XVI-B ine No.	t in line 13 instructions to verify calc	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet art XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li worksheet rt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet Irt XVI-B ne No.	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet art XVI-B ne No.	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet art XVI-B ine No.	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to
Total. Add li e worksheet art XVI-B ne No. E	t in line 13 instructions to verify calc Relationship of Activities Explain below how each activi	ulations) s to the Ac ty for which	complishment of Ex	empt Purp	oses  o) of Part XVI-A contrib	uted importantly to

Form 99	0-PF (2	(012)	VHA FOUND	ATION,	INC.					22-271	0552	Pa	ge 13
Part 2	XVII	Information F Exempt Orga	Regarding Tran nizations	sfers T	o and Tran	sacti	ons and	l Relation	ships \	Vith Non	charit		
, in	sect	organization direction 501(c) of the C										Yes	No
a Ti	ransfe	ations? ars from the reporti											
(1	I) Cas	ж,									1a(1)		X
		er assels									18(2)		Х
		ransactions:			.,						l		x
{1	i) Sai	es of assets to a no	oncharitable exemp	ot organiza	ation		• • • • •	• • • • • •			1b(1)		$\frac{\hat{x}}{x}$
(4	i) Pui	chases of assets fr	om a nonchartaci	e exempt	organization		• • • • •	• • • • • •			1b(2) 1b(3)		$\frac{x}{x}$
(3	y Nei N Rei	ntal of facilities, equ mbursement arrang	iipinistiit, ut utitet a: Iomonte	35 to	• • • • • •				· • • • •		1b(4)		X
(5	i) Los	ins or loan guarante	es	• • • • •	• • • • • • •	• • • •		• • • • • • • •			1b(5)	一	x
		formance of service									16(6)		<u>x</u>
		of facilities, equipr									1c		X
		enswer to any of the									the fa	ir m	arket
		of the goods, other in any transaction o	•	_	•	-							
(a) Line		(b) Amount involved	(c) Name of non	······································				ription of trans					
		N/A					N/A						
									****				
		· · · · · · · · · · · · · · · · · · ·											
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		_,	<u> </u>								<del></del>		
								<del></del>		······································			
	-		<del> </del>	<del></del>									
		foundation directly ed in section 501(c	•						t organiz	ations	Yes	X	No
		" complete the folia		J. (1.011 DO		,,	.,,						
		(a) Name of organization		(b)	Type of organiz	ation			(c) Descript	on of relations	hlp		
									·		· · · · · · · · · · · · · · · · · · ·		
Sian	Under	penalties of perjury, I deci , and complete, Declaration o	are that I have examined of preparer (other than taxp	this return ayer) is based	including accompa on all information of	enying act	hadules and a preparer has an	tatements, and y knowledge	to the best o	of my knowledg	e and bel	ief, it i	s Irue,
Sign		Pu m	A .	1.4	+ 16 7	ا درور	En	. 12	>	May the IRS			
Here	Sign	ature of officer or trustee	<i>;</i> /	Date	x. 10, 00	<u>00</u>	Title	_,		(see instruction	ebatet sp		No.
	3.9.	faller 1	n Risk	Odio			11			(900 0190 012101	*//		
	1	Print Type preparer	s name	Preparer	r's signature			Date	Chi	eck if F	אודי		
Paid		Kathleen Moseley		17/100	ا برسارتیس			10/14/2	f	l-employed	P0011	676	0
Prepa			RNST & YOUNG	US LLI	?					N ► 34-6			
Use O	nly	Firm's address > 20		STE 11									
		FC	ORT WORTH,	rx			761	02	Phone no	817-3	48-60	00	
										F	om 990	PF (	2012)

## 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

2012

Name of the organization VHA FOUNDATION, IN	c.		dentification number
Organization type (check or	na):	22-271	0552
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	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a pr	vate foundation	
	501(c)(3) taxable private foundation		
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule.	See
General Rule			
	on filing Form 990, 990-EZ, or 990-PF that received, during the y by one contributor. Complete Parts I and II.	ear, \$5,000 or more (in m	oney or
Special Rules			
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contribut \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 11 and II.	or, during the year, a con	tribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that reptal contributions of more than \$1,000 for use exclusively for religroses, or the prevention of cruelty to children or animals. Complete	ous, charitable, scientific	ributor, c, literary,
during the year, c not total to more to year for an exclusi	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recontributions for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total contributively religious, charitable, etc., purpose. Do not complete any of the ganization because it received nonexclusively religious, charitable year	uses, but these contributions that were received does parts unless the Generation, contributions \$5	lons did luring the ral Rule
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules doubt answer "No" on Part IV, fine 2 of its Form 990; or check the 0-PF, to certify that it does not meet the filing requirements of Sci	oox on line H of its Form 9	990-EZ or on
For Paperwork Reduction Act No	tice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 99	90-EZ, or 980-PF) (2012)

Employer Identification number 22-2710552

			22-2710332
Part I	Contributors (see instructions). Use duplicate copies of Part	t I if additional space is need	ied.
(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	\$126,364.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	VHA GULF STATES  8940 BLUEBONNET BLVD, STE 200  BATON ROUGE, LA 70810	s30,000.	Person  Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	CORPORATE CONTRIBUTORS < \$5000  VARIOUS	\$10,007.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	VHA SOUTHEAST, INC. 4211 W BOYSCOUT BLVD., STE 750 TAMPA, FL 33607	\$5,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	CAROLINA EAST MEDICAL CENTER  2000 NEUSE BOULEVARD  NEW BERN, NC 28560	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CENTRACARE HEALTH FOUNDATION  1406 6TH AVE NORTH  ST. CLOUD, MN 56303	\$10,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 22-271.0552

			22-2710332
Part I	Contributors (see instructions). Use duplicate copies of Part	l I if additional space is need	ied.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	LAKE CHARLES MEMORIAL HOSPITAL  1701 OAK PARK BLVD  LAKE CHARLES, LA 70601	\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8-	MEMORIAL HERMAN HOSPITAL SYSTEM  909 FROSTWOOD, SUITE 2.102  HOUSTON, TX 77024	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	VHA- CORPORATE CITIZENSHIP  220 E. LAS COLINAS BLVD.  IRVING, TX 75039	\$8,740.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	FLOYD MEMORIAL HOSPITAL AND HEALTH SVCS  1850 STATE STREET  NEW ALBANY, IN 47150	\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer Identification number 22-2710552

Part II	Noncash Property (se	ee instructions).	Use duplicate copies of	of Part II if additional space is ne	eded.
---------	----------------------	-------------------	-------------------------	--------------------------------------	-------

(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
		\$	

Scheanle	8 (Form 990, 9	90-EZ.	or 990-PF) (2012)	
Name of	organization	VHA	FOUNDATION,	INC
Part III	Exclusive	ly rei	igious, charitat	ole, e

Employer identification number 22-2710552

Part III	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the y	, individual contribu ear. Complete colur	itions to section 5 nns (a) through (e	01(c)(7), (8), or (10) organizations ) and the following line entry.
· I	For organizations completing Part III, econtributions of \$1,000 or less for the	enter the total of <i>excl</i> e year. (Enter this inf	<i>lusively</i> religious, cormation once. Se	haritable, etc.,
	Use duplicate copies of Part III if addition	onal space is neede	<u>d</u>	
(a) No. from Part i	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
			Detaile	
	Transferee's name, address, as	nd ZIP + 4	Kelatio	nship 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) Transi	er of gift	
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee
	1		I	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

22-2710552

VHA FOUNDATION, INC. 22-271055
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F			Description			20	Date acquired	Date sold
Gross sale price less penses of sale	Depreciation allowed/	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	FMV over adl basis		Gain or (loss)	
		25000 VARCE	N NOTE ISSU	ER BAC		₽	02/24/2011	09/18/2012
248,250.		250,000.	TE. BECOME	.120			-1,750.	
		7000 FEDERA	L HOME LN M			₽	VAR	VAI
7,048.		7,019.					29.	
		30000 USTRY	2.000% NOV			P	VAR	VA
31,429.		30,301.					1,128.	
		7000 USTRSY	INFLATION (PE: SECURIT			₽	07/24/2012	11/09/201
7,721.		7,604.	re. Secont	1165			117.	
		13000 US TS	Y 2.000% FE			₽	VAR	VA
13,266.		13,025.	PE: SECURI	1153			241.	
		1	1.375% FEE			₽	03/01/2012	11/09/201
7,203.		6,973.	(PE: SECURI	TIES			230.	
			Y INFLATION			P	06/10/2011	02/15/201
2,125.		1,827.	(PE: SECURI	1162			298.	
			0.875% FEE			P	06/10/2011	02/29/201
1,000.		1,005.	IPE: SECURI.	1165			-5.	
		1	RSRY INFLATI			P	VAR	VA
28,763.		25,651.	YPE: SECURI	1165			3,112.	
		•	SY 1.500% JU			P	08/09/2011	03/01/201
11,348.		11,276.	YPE: SECURI	1165			72.	
		1	Y INFLATION			₽	VAR	VA
8,502.		7,547.	YPE: SECURI	ries			955.	
:			SY 0.875% FI			P	VAR	VA
26,000.		26,000.						
000		<u> </u>		<u></u>		Ш		

22-2710552

VHA FOUNDATION, INC. 22-271055
FORM 990-PF - PART IV
LINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL	<u>. GAINS AND LC</u>	<u>ISSES FOR</u>	R TAX ON	INVEST	M	ENT INCOM	
Kind of Property			ription		ō O	Date acquired	Date sold
Gross sale Deprecia price tess allowe expenses of sale allowal	d/ other	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
19,185.	15000 US TR PROPERTY TY 19,185.				Р	VAR	VAR
5,060.	5000 US TSY PROPERTY TY 5,003.				P	VAR 57.	VAR
	16000 US TS PROPERTY TY				P	09/13/2011 471.	09/17/2012
16,655.	16,184.	AL NATL MTG	ASSOC		P	01/11/2011	08/03/2012
15,098.	PROPERTY TY					180.	
	4420 FIXED PROPERTY TY				P	VAR	VAR
60,863.	56,204.	ra. obconii	100			4,659.	
55,885.	4972 FIXED PROPERTY TY 49,395.				P	VAR 6,490.	VAR
TOTAL GAIN(LOSS)						16,284.	

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

NET INVESTMENT INCOME	12,840. 23,010. 1,895.	37,745.
REVENUE AND EXPENSES PER BOOKS	12,840. 23,010. 1,895.	37,745.
DESCRIPTION	INTEREST INCOME DIVIDEND INCOME NET PREMIUM/DISCOUNTS REALIZED ON SALE	TOTAL

ATTACHMENT 1 PAGE 24

## FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	4,300.	4,300.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	4,300.	4,300.
		TOTALS
DESCRIPTION	ERNST & YOUNG	

PART I - OTHER PROFESSIONAL FEES FORM 990PF,

VHA FOUNDATION, INC.

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

4,907.

INVESTMENT MGMT FEES

DESCRIPTION

4,907.

4,907.

TOTALS

4,907.

VHAHE

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

EXPENSES PER BOOKS

FEDERAL INCOME TAX

470.

TOTALS

470.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

OFFICE EXPENSE

LICENSE AND FEES

REVENUE AND EXPENSES

EXPENSES PER BOOKS

1,499.

488.

TOTALS \_\_\_\_\_1,987.

ATTACHMENT 6	ENDING	94,846. 91,657.	186,503.
ATTACHM	ENDING BOOK VALUE	94,846. 91,657.	186, 503.
FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	DESCRIPTION	ASSET BACKED SECURITIES US TREASURY BONDS	US OBLIGATIONS TOTAL

TS
ASSETS
OTHER
ı
I
PART
990PF,

DESCRIPTION

ENDING FMV	1,385. 1,30	1,385,
ENDING BOOK VALUE	1	1,385,
DESCRIPTION	ACCRUED INTEREST CURRENT	TOTALS

1,385.

1,385.

	_
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MENT	PAGE
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ALTA	
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VHAHF

FORM 990PF, PART VIII - LIST C	LIST OF OFFICERS, DIRECTORS, AND TRUSTEES		АТТАСНИ
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
CURT NONOMAQUE 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	CHAIR 1.00	0	O
FRANCO DOOLEY 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	TREASURER 1.00	6	o
COLLEEN RISK 220 E LAS COLINAS BLVD. IRVING, TX 75039-5500	SECRETARY & DIRECTOR 1.00	0	0

0

EXPENSE ACCT AND OTHER ALLOWANCES

0

0

G	

GRAND TOTALS

TT9003 C099

22-2710552

ATTACHMENT 10

# FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AHOUNT
VALLEY HEALTH SYSTEM	NONE	HURRICANE SANDY - OCTOBER 2012	7,500.
223 H VAN DIEN AVENUE	INDIVIDUAL (15)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
RIDGEWOOD, NJ 07450		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VMA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
CLARK MEGORIAL HOSPITAL	HONE	INDIANA TORNADOES - MARCH 2012	16,250.
1220 HISSOURI AVENUE	INDIVIDUAL (65)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
JEFFERSONVILLE, IN 47130		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
FLOYD MEMORIAL HOSPITAL	NOWE	INDIANA TORNADOES - MARCH 2012	1,250.
1850 STATE STREET	INDIVIDUAL (5)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
NEW ALBANY, IN 47150		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOGNDATION'S DISASTER	
		RELIEF POLICY.	
SINGING RIVER HEALTH SYSTEM	NONE	HURRICANE ISSAC- AUGUST 2012	11,500.
2901 HIGHWAY 90	INDIVIDUAL (23)	DIGASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
GAUTIER, HS 39553		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF TEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
TOURD INFIRMARY	NOKE	HURRICANE ISSAC AUGUST 2012	6,500,
		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	

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V 12-6.8F

TT9003 C099

ATTACHMENT 10 (CONT'D)

## FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID BURING THE YEAR

	AND		
RECIPIENT NAME AND ADDRESS	POUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AHOUNT
1401 FOUCHER STREET NEW ORLEANS, LA 70115-3515	INDIVIDUAL (17)	AELIEF POLICY.	
FRANCISCAN MISSIONARIES OUR LADY REALTH SYSTEMS	NONE TROUTER (18)	HURRICANE ISSAC - AUGUST 2012 DISASTER BELIEF FINANCIAL ACCISTANCE IS PROVIDED	3,643.
4200 ESSEN LANE BATON ROUGE, LA 70809		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.	
NEW YORK HOSPITAL OF QUEENS	NONE	HURRICAME SANDY - OCTOBER 2012	22,500.
56-45 MAIN STREET	INDIVIDUAL (45)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
FLOSHING, NY 11355		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
HUNTERDON HEALTHCARE SYSTEM	NONE	HURRICANE SANDY OCTOBER 2012	4,000.
2100 WESCOTT DRIVE	INDIVIDUAL (8)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
FLEMINGTON, NJ 08822		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
SOUTH JERSEY HEALTHCARE	NOYE	HURBICANE SANDY - OCTOBER 2012	5, 500.
2950 COLLEGE DRIVE, SUITE 1E	INDIVIDUAL (11)	DIGASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
VINELAND, NJ 08360		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	

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ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER

RELIEF POLICY.

ATTACHMENT 10 (CONT.D)

WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER

RELIEF POLICY.

## FORM 990PE. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADORESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AHOUNT
SHORE MEDICAL CENTER	NONE	HURRICANE SANDY - OCTOBER 2012	25,000.
100 MEDICAL CENTER WAY	INDIVIDUAL (50)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
SOMERS POINT, NJ 08244		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	
		WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN	
		ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER	
		RELIEF POLICY.	
ATLANTICARE	NONE	HURRICANE SANDY - OCTOBER 2012	292, 000.
2500 ENGLISH CREEK RD. BUILDING 500	INDIVIDUAL (584)	DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED	
EGG HARBOR TOWNSHIP, NJ 08234		TO INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION	

397, 643. TOTAL CONTRIBUTIONS PAID

VXXJIF

## Form 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	u are filing for an Automatic 3-Month Exten	sion, complete o	only Part I and che	ck this box		<b>. ▶</b> 🗹
• If you	u are filing for an Additional (Not Automatic	;) 3-Month Exten	ision, complete on	ly Part II (on page 2 of	this form	
Do no	t complete Part II unless you have already	been granted an	automatic 3-month	extension on a previou	usly filed F	orm 8868.
a corpe 8868 to Return	onic filing (e-file). You can electronically file poration required to file Form 990-T), or an all to request an extension of time to file any can for Transfers Associated With Certain Petitions). For more details on the electronic filing	dditional (not auto of the forms listed ersonal Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which m	tension of time. You ca with the exception of oust be sent to the If	an electroi f Form 88 RS in pap	nically file Form 70, Information per format (see
Part	Automatic 3-Month Extension of	Time. Only sub	omit original (no c	opies needed).		
•	poration required to file Form 990-T and only					-
	er corporations (including 1120-C filers), par Income tax returns.	tnerships, REMIC	Cs, and trusts must	use Form 7004 to requ	uest an ex	tension of time
				Enter filer's Identifying	-	
Type o	Name of exempt organization or other file	r, see instructions		Employer identification	number (El	N) or
print	VHA FOUNDATION, INC.				710552	
File by th	Number, street, and room or suite no. If a	P.O. box, see instru	uctions.	Social security number	(SSN)	
due date	for 220 E. LAS COLINAS BLVD.					
filing you return 5		ode. For a foreign ac	ddress, see instruction	15.		
Instruction						
Enter t	he Return code for the return that this applic	ation is for (file a	separate applicatio	n for each return) .		04
Applie	cation	Return	Application			Return
Is For	r	Code	Is For			Code
Form	990 or Form 990-EZ	01	Form 990-T (corpo	oration)		07
Form	990-BL	02	Form 1041-A			08
Form	4720 (individual)	03	Form 4720			09
Form	990-PF	04	Form 5227			10
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T (trust other than above)	06	Form 8870			12
Telep If the If this for the a list w	pooks are in the care of ► HELEN MIHAS, Visconome No. ► 972-830-0000  The organization does not have an office or place is is for a Group Return, enter the organization whole group, check this box ► with the names and EINs of all members the control of the organization of the organization's return for:  ■ ✓ calendar year 20 12 or	Fig. 2 Fig. 3 Fi	the United States, oup Exemption Number of the group, checorrequired to file Form	per (GEN) k this box 1990-T) extension of ti		f this is d attach
_	➤ ☐ tax year beginning  If the tax year entered in line 1 is for less tha ☐ Change in accounting period				urn '	20
	If this application is for Form 990-BL, 990-Inonrefundable credits. See instructions.				3a \$	500.00
	If this application is for Form 990-PF, 99	•	•		ar	
	estimated tax payments made. Include any Balance due. Subtract line 3b from line 3a.				3Ь \$	
	EFTPS (Electronic Federal Tax Payment Sys			, a required, by using	3c \$	500.00
	n. If you are going to make an electronic fund with			53-EO and Form 8879-E0		

Form 8868	8 (Rev. 1-2013)					_	Page 2
• If you	are filing for an Additional (Not Automatic) 3-N	Month Exter	nsion, complete on	y Part II and check th	nis bo	х	. ▶ 🗸
	inly complete Part II if you have already been gr				y filed	form 886	8.
• If you	are filing for an Automatic 3-Month Extension	, complete	only Part I (on page	1).			
Part II	Additional (Not Automatic) 3-Month	<b>Extension</b>	of Time. Only file	the original (no cop	ies n	eeded).	
				Enter filer's identifyir			structions
Type or	Name of exempt organization or other filer, see	instructions.		Employer Identification	าทบกา	ber (EIN) or	
print	VHA FOUNDATION, INC.			22.	27105	i52	
File by the	Number, street, and room or suite no. If a P.O.	box, see instr	uctions.	Social security number	r (35N	1)	
due date is	or 220 E. LAS COLINAS BLVD.						
filing your	return See						
instruction							
Enter the	e Return code for the return that this application	n is for (file a	separate application	n for each return) .			0 4
Applica	ation	Return	Application				Return
Is For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	F 1	1			· }
Form 9		02	Form 1041-A				08
	720 (individual)	03	Form 4720				09
Form 9		04	Form 5227			<del></del>	10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870				12
	to not complete Part II if you were not already g						<del></del>
• If the co • If this if for the wallist with 1 1 5 F 6 Iff 7 S	organization does not have an office or place of its for a Group Return, enter the organization's for whole group, check this box ▶	business in our digit Gro if it is for par on is for. e until ning	the United States, clup Exemption Numb t of the group, check  NOVEMBER 1  , 20 eck reason:	per (GEN) k this box	► (	If this and attace	is ch a 20
	this application is for Form 990-BL, 990-PF, 9	90-T, 4720,	or 6069, enter the te	entative tax, less any	8a		
-	onrefundable credits. See instructions.	4700 0	060 0515- 5	andahla amalia amal	oa	-	991
	this application is for Form 990-PF, 990-T,				ļ		
	stimated tax payments made. Include any primount paid previously with Form 8868.	ior year ove	apayment allowed	as a credit and any	<u> </u>	e	
-			t with this farm of man	uirad huvring ECTDS	8b	3	500
	Balance due. Subtract line 8b from line 8a. Include Electronic Federal Tax Payment System). See instru		t with this form, if req	uired, by using EF1PS	8c	\$	491
	Signature and Verific	ation mus	t be completed fo	or Part II only.			
	enalties of perjury, I declare that I have examined to be and belief, it is true, correct, and complete, and that				ents, a	and to the b	est of my
Signature I	frans Nate	Title >	Treasure	Di Di	ate ▶	8/6/1	13
					F	om <b>6868</b> (F	lev. 1-2013)