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Form **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

Department of the Treasury

		dar year 2012 or tax year beginning		, and ending		
		foundation			A Employer identification	number
		FERSON CO. TUBERCULOSIS	ASSOC. INC	•		
		KATHYRN WILLIAMS			55-0713040	<u> </u>
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	14	WEST 6TH AVENUE			304-724-69	79
		own, state, and ZIP code			C If exemption application is p	ending, check here
_		SON, WV 25438				
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation
H (heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Accounting	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fi	om F	Part II, col (c), line 16)	her (specify)		under section 507(b)(1)	
	\$	142,091. (Part I, colu	mn (d) must be on cash t	oasis.)		
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	.	necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	36,238.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	2,781.	2,781.		STATEMENT 1
	4	Dividends and interest from securities	2,183.	2,183.		STATEMENT 2
	5a	Gross rents				
	Ь	Net rental income or (loss)			 	
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10	499.			
enc	b	Gross sales price for all assets on line 6a 499.			0500	
Revenue	7	Capital gain net income (from Part IV, line 2)		499.	RECE	VEU
_	8	Net short-term capital gain			10 Just	8
	9	Income modifications Gross sales less returns			S WAY 0	2013 12
	10a	and allowances				2013
	l .	Less Cost of goods sold			OCOE	T
	1	Gross profit or (loss)			OGDE	N. UI
	11	Other income	41,701.	5,463.		
	12	Total. Add lines 1 through 11	41,701.	5,403		0.
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.1		 	<u> </u>
		Pension plans, employee benefits				
es		Legal fees			<u> </u>	_
ens	b	Accounting fees STMT 3	1,100.	1,100.	 	0.
X	c	Other professional fees STMT 4	1,369.	1,369.		0.
Ve.	17	Interest				-
ati	18	Taxes STMT 5	54.	0.		0.
ë i	19	Depreciation and depletion				
SAN NOperational Administrative Expense	20	Occupancy				
8	21	Travel, conferences, and meetings				
'n	22	Printing and publications				
:50	23	Other expenses				
ati	24	Total operating and administrative				
(je		expenses. Add lines 13 through 23	2,523.	. 2,469.		0.
	25	Contributions, gifts, grants paid	43,859.			43,859.
ر ار ار	26	Total expenses and disbursements.				
\$ CO	<u>L</u>	Add lines 24 and 25	46,382.	2,469.		43,859.
3	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	-4,681.		ļ <u></u>	
	1	Net investment income (if negative, enter -0-)		2,994.		
000	c	Adjusted net income (if negative, enter -0-)		<u> </u>	N/A_	
2235 12-0	ບ1 5-12	LHA For Paperwork Reduction Act Notice, see	instructions.		1	Form 990-PF (2012)

JEFFERSON CO. TUBERCULOSIS ASSOC., INC.

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Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u>rai</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	24 222	10 400	10 400
ľ	Savings and temporary cash investments	91,089.	18,408.	18,408.
3	Accounts receivable			
	Less: allowance for doubtful accounts			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts			
5	· ·			
6	· · · · · · · · · · · · · · · · · · ·			
	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
# I	Inventories for sale or use			
ASS	Prepaid expenses and deferred charges			
- 1	a Investments - U.S. and state government obligations	 		
- 1	b Investments - corporate stock			
1	c investments - corporate bonds Investments - land, buildings, and equipment basis			
11				
4,	Less accumulated depreciation ! Investments - mortgage loans			
13	amam c	55,000.	123,000.	123,683.
14		33,000.	22370001	
'	Less accumulated depreciation			
15	Other assets (describe	-		
"	Other assets (describe)			
16	Total assets (to be completed by all filers)	146,089.	141,408.	142,091.
$\overline{}$	Accounts payable and accrued expenses			
18				
				İ
Liabilities	Loans from officers, directors, trustees, and other disqualified persons			
를 21				
ت ₂₂	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			j
ဗ္ဗ 24	Unrestricted			
<u>E</u> 25	Temporarily restricted			
<u>6</u> 2€	<u> </u>			
Assets or Fund Balances	Foundations that do not follow SFAS 117, check here			
Ē	and complete lines 27 through 31.			
g 27	Capital stock, trust principal, or current funds	146,089.	141,408.	
- Si 20		0.	0.	
₹ 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ne 30	Total net assets or fund balances	146,089.	141,408.	
<u> 3</u>	Total liabilities and net assets/fund balances	146,089.	141,408.	
Par	t III Analysis of Changes in Net Assets or Fund B	alances		
	tal ast assets as final beloans at horses of the Port II astrono (a) fina	00		
	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		146 000
•	ust agree with end-of-year figure reported on prior year's return) ter amount from Part I, line 27a		1 2	146,089. -4,681.
	ner increases not included in line 2 (itemize)		3	-4,661.
	d lines 1, 2, and 3		4	141,408.
	creases not included in line 2 (itemize)		5	0.
	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (h), line 30	6	141,408.

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45,993.

43,859.

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.

8 Enter qualifying distributions from Part XII, line 4

7 Add lines 5 and 6

7

8

JEFFERSON CO. TUBERCULOSIS ASSOC., INC. 55-0713040 C/O KATHYRN WILLIAMS Form 990-PF (2012) Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1à Exempt operating foundations described in section 4940(d)(2), check here
and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 60. b Domestic foundations that meet the section 4940(e) requirements in Part V, check 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-) 60. 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 60. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2012 estimated tax payments and 2011 overpayment credited to 2012 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 60. 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 10 11 11 Enter the amount of line 10 to be: Credited to 2013 estimated tax 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 campaion? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities Х c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 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. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a Х N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? Х Х 7 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 8a Enter the states to which the foundation reports or with which it is registered (see instructions) WV 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 8Ь 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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

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2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

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

b 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

	4D		<u> </u>
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X

1c

2b

3b

4a

Yes X No

Yes X No

N/A

X

before the first day of the tax year beginning in 2012?

defined in section 4942(j)(3) or 4942(j)(5));

before 2012?

during the year?

If "Yes," list the years

statement - see instructions.)

JEFFERSON CO. TUBERCULOSIS ASSOC., INC. 55-0713040 Page 6 C/O KATHYRN WILLIAMS Form 990-PF (2012) 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: Yes X No ` (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, 🗌 Yes 🕱 No any voter registration drive? X Yes (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section X Yes No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b X section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 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 Yes X No expenditure responsibility for the grant? 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 Yes X No 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (If not paid, (a) Name and address enter -0-1 DR. LLOYD TRACY PRESIDENT HFFM, 171 TAYLOR ST. HARPERS FERRY, WV 25425 0 0 0.00 0. VICE PRESIDENT LACIE MUMAW 112 COURT ST. CHARLES TOWN, WV 25414 0.00 0 0 0. KATHRYN WILLIAMS TREASURER 114 W. 6TH AVENUE 0.00 0 0 RANSON, WV 25438 0. SECRETARY JEANNE DEGENNARO 421 PHEASANT HILL ROAD SUMMIT POINT, WV 25446 0.00 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position allowances NONE

Form 990-PF (2012)

Total number of other employees paid over \$50,000

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

55-0713040 Page 8 Form 990-PF (2012) C/O KATHYRN WILLIAMS Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 89,058. 1a a Average monthly fair market value of securities 54,749. 1b Average of monthly cash balances 1c c Fair market value of all other assets 143,807. 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 143,807. 3 3 Subtract line 2 from line 1d 2,157. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 141,650. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 7,083. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part.) 7,083. Minimum investment return from Part X, line 6 1 60. 2a Tax on investment income for 2012 from Part VI, line 5 2a 2b Income tax for 2012. (This does not include the tax from Part VI.) 2c Add lines 2a and 2b 7,023. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 7,023. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 6 023 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 43,859. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 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 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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 Form **990-PF** (2012)

4

5

6

43,859.

43,859

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

55-0713040

C/O KATHYRN WILLIAMS

Part XIII Undistributed Income (see instructions) (c) (d) (b) 2012 2011 Corpus Years prior to 2011 1 Distributable amount for 2012 from Part XI, 7,023. line 7 2 Undistributed income, if any, as of the end of 2012 0 a Enter amount for 2011 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2012: 42,731. a From 2007 **b** From 2008 40,745 47,837 c From 2009 33,318. d From 2010 28,040 e From 2011 192,671 f Total of lines 3a through e 4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 0 a Applied to 2011, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 7,023. d Applied to 2012 distributable amount 36,836 e Remaining amount distributed out of corpus 0. 0 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 229,507 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2011. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013 0. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2007 42,731 not applied on line 5 or line 7 9 Excess distributions carryover to 2013. 186,776 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 40,745. a Excess from 2008 47,837. b Excess from 2009 33,318 c Excess from 2010 d Excess from 2011 28,040 36,836 e Excess from 2012

JEFFERSON CO. TUBERCULOSIS ASSOC., INC.

Part XV Supplementary Information (continued) 3 · Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year KATHY WILLIAMS NONE NONE EDUCATION 981, NONE EDUCATION COLEEN LANEHART NONE 981. KELLI DICK NONE NONE EDUCATION 937. INDEPENDENT FIRE COMPANY NONE NON-PROFIT RESPIRATORY EQUIPMENT VOLUNTEER FIRE 24,000. JEFFERSON MEMORIAL HOSPITAL NONE NON-PROFIT RESPIRATORY EQUIPMENT HOSPITAL AND EDUCATION MATERIALS 16 960 ➤ 3a 43 859 b Approved for future payment NONE Total **▶** 3b

C/O KATHYRN WILLIAMS

Part XVI-A	Analysis of Income-Producing Activity	ties

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	711100111	code	, unoun	
a	_ 				
b					
c			_		
d					
e	_				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,781.	
4 Dividends and interest from securities			14	2,781. 2,183.	
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			14	499.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			i		
a	_				
b	_				
C	_				
d					
e	_			- 150	
12 Subtotal. Add columns (b), (d), and (e)		(<u>) </u>	5,463.	
13 Total Add line 12, columns (b), (d), and (e)				13	5,463.
(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).

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Part X	VII Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonch	naritable	9	
1 Did 1		rectly engage in any of the follow	ung with any other organization	described in section 501(c) of		Yes	No
)(3) organizations) or in section 5					
		ation to a noncharitable exempt o					
	Cash	•	•		1a(1)		X
(2)	Other assets				1a(2)		X
b Othe	r transactions:				İ		ſ
(1)	Sales of assets to a noncharital	ble exempt organization			1b(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
	Rental of facilities, equipment,				1b(3)		X
	Reimbursement arrangements				1b(4)	-	X
• •	Loans or loan guarantees	t also trades a secondo bat			1b(5)	ļ	X
٠,		mbership or fundraising solicitat			1 <u>b(6)</u> 1c		X
		iling lists, other assets, or paid e		ays show the fair market value of the good		L sets	
or s	ervices given by the reporting fo	oundation. If the foundation rece	ived less than fair market value	e in any transaction or sharing arrangemen		,	
(a) Line no		other assets, or services received (c) Name of noncharitati		(d) Description of transfers, transactions, a	nd sharing ai	rangeme	ents
(4)2	(b) / tillociti iii, voivod	N/A		(5)			
			·				
							
	<u> </u>						
	 						
	 						
							
	· · · · · · · · · · · · · · · · · · ·						
	<u> </u>						
		tly affiliated with, or related to, or r than section 501(c)(3)) or in se	· =	ations described	Yes	X] No
b_lf "Y	es," complete the following sch	edule					
	(a) Name of org	anization	(b) Type of organization	(c) Description of relation	nship		
	N/A						
	<u> </u>						
			-				
Sign Here		nplete Declaration of preparer (other the	han taxpayer) is based on all informa 5- 14- 13	ition of which preparer has any knowledge	May the IRS return with the shown below	see ins	rer
	Print/Type preparer's na		Date	Date Check if PTI	N		
	JULIE K. D			self- employed	••		
Paid	CPA CPA	- Xilii	KILL Way un COD		00028	374	
Prepa Use C	rer Firm's name ► NIC	HOLS DEHAVEN A	ND ASSOC. CPAS				
	Firm's address ▶ PO	BOX 610					
			25414	Phone no. (30	4)725	-65	25
				11 110110 110. 1 30	Earm 000		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2012

JEFFERSON CO. TUBERCULOSIS ASSOC., INC. 55-0713040 C/O KATHYRN WILLIAMS Organization type (check one). Section: Filers of: ____ 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

JEFFERSON CO. TUBERCULOSIS ASSOC., INC.

C/O KATHYRN WILLIAMS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MATTIE BONHAM TRUST BB&T - P.O. BOX 2887 WILSON, NC 27894	\$36,238.	Person X Payroll
(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)
(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)
(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)

Name of organization

JEFFERSON CO. TUBERCULOSIS ASSOC., INC.

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Part II Non	cash Property (see instructions). Use duplicate copies of P	art 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
		s	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
453 12-21-12			l

Employer identification number

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art III E y ti	xclusively religious, charitable, etc., indi ear. Complete columns (a) through (e) and the ne total of exclusively religious, charitable, et lise duplicate copies of Part III if addition	vidual contributions to section 501(c he following line entry. For organizatio c., contributions of \$1,000 or less for al space is needed)(7), (8), or (10) organizations that total more than \$1,000 for the state of the s		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$-\mid$					
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		
No. om ort i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No. om art l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	fer of gift Relationship of transferor to transferee		

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEM	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BANK OF CHARLES TOWN BANK OF CHARLES TOWN - ACCT #	‡32-02	191			•	2,7	38. 43.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A			2,7	81.
FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	
SOURCE		GROSS	AMOUNT		ITAL GAINS	COLUMN (A	·)
BANK OF CHARLES TOWN - ACCT #32-02191			2,682.		499.	2,1	83.
TOTAL TO FM 990-PF, PART I, I	LN 4		2,682.		499.	2,1	83.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,100.	1	,100.			0.
TO FORM 990-PF, PG 1, LN 16B		1,100.	1	,100.			0.
FORM 990-PF C	OTHER	PROFES	SIONAL FI	EES	=	STATEMENT	<u> </u>
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ASSET MANAGEMENT FEES		1,369.	1	,369.			0.
TO FORM 990-PF, PG 1, LN 16C		1,369.	1	,369.			0.
=						== =====	<u> </u>

FORM- 990-PF	TAXES			STATEMENT !		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
EXCISE TAXES	54.					0.
TO FORM 990-PF, PG 1, LN 18	54.					0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
	VA	LUATION			FAIR MARKET	
DESCRIPTION	М	ETHOD	BOO	K VALUE	VALUE	?
DESCRIPTION ———— MUTUAL FUND INVESTMENTS		ETHOD COST	BOO	123,000.	123,68	

FORM' 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHYRN WILLIAMS 114 WEST 6TH AVENUE RANSON, WV 25438

TELEPHONE NUMBER

304-724-6979

FORM AND CONTENT OF APPLICATIONS

VERBAL REQUESTS ARE ACCEPTED FROM HEALTH CARE PROVIDERS SEEKING ASSISTANCE FOR PATIENTS/CLIENTS. WRITTEN REQUESTS ARE ACCEPTED FROM OTHERS SEEKING ASSISTANCE WITH EDUCATION, MEDICINE AND/OR EQUIPMENT. THE REQUEST SHOULD STATE THE INTENT OF THE REQUEST, THE COST, THE SCHOOL, EQUIPMENT OR MEDICINE AND THE NAME OF THE PHYSICIAN WHO PRESCRIBED USE OF THE MEDICINE OR EQUIPMENT. THERE IS NO SPECIFIC FORM NECESSARY TO MAKE THE REQUEST.

ANY SUBMISSION DEADLINES

NONE - MEETINGS OF BOARD OF DIRECTORS ARE HELD WHENEVER REQUESTS FOR ASSISTANCE NEED TO BE CONSIDERED.

RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS MUST BENEFIT JEFFERSON COUNTY, WV RESIDENTS AND BE RELATED (DIRECTLY OR INDIRECTLY) TO CARDIO-PULMONARY DISEASES, INCLUDING EDUCATION ABOUT, PREVENTION OF, OR REHABILITATION OF THOSE AFFLICTED.