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Form **990-PF****Return of Private Foundation**

OMB No. 1545-0052

Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning

, 2013, and ending

, 20

|                                                                                                                                                                                                                                                   |                                                                                                                                        |                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>VHA FOUNDATION, INC.</b>                                                                                                                                                                                                 |                                                                                                                                        | A Employer identification number<br><b>22-2710552</b>                                                                                                                        |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>290 EAST JOHN CARPENTER FWY.</b>                                                                                                                          |                                                                                                                                        | B Telephone number (see instructions)<br><b>(877) 847-1450</b>                                                                                                               |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>IRVING, TX 75062-2710</b>                                                                                                                                          |                                                                                                                                        | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| G Check all that apply:                                                                                                                                                                                                                           | <input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input checked="" type="checkbox"/> Address change | <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change                        |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                                                                        | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>672,928.</b>                                                                                                                                           |                                                                                                                                        | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                   |                                                                                                                                        | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) |                                                                                               | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .                    | 347,527.                           |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                            | 15,785.                            | 15,785.                   |                         | ATCH 1                                                      |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10 . . . . .                            | 8,208.                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a . . . . .                                       | 490,578.                           |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                    |                                    | 8,208.                    |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances . . . . .                                         |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold . . . . .                                                                                                                                |                                                                                               |                                    |                           |                         |                                                             |
| c Gross profit or (loss) (attach schedule) . . . . .                                                                                                                |                                                                                               |                                    |                           |                         |                                                             |
| 11 Other income (attach schedule) . . . . .                                                                                                                         |                                                                                               |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11 . . . . .                                                                                                                          | 371,520.                                                                                      | 23,993.                            |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | 13 Compensation of officers, directors, trustees, etc. . . . .                                | 0                                  |                           |                         |                                                             |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                | 12,762.                            |                           |                         | 12,762.                                                     |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                 | 3,017.                             |                           |                         | 3,017.                                                      |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) ATCH 2 . . . . .                                          | 4,000.                             |                           |                         | 4,000.                                                      |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                         | 1,267.                             | 1,267.                    |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) ATCH 4 . . . . .                                | 991.                               |                           |                         | 991.                                                        |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                        | 1,118.                             |                           |                         | 1,118.                                                      |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) ATCH 5 . . . . .                                          | 524.                               |                           |                         | 524.                                                        |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .             | 23,679.                            | 1,267.                    |                         | 22,412.                                                     |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                | 482,102.                           |                           |                         | 482,102.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25 . . . . .                                                                                                  | 505,781.                                                                                      | 1,267.                             | 0                         | 504,514.                |                                                             |
| 27 Subtract line 26 from line 12:                                                                                                                                   |                                                                                               |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements . . . . .                                                                                                       | -134,261.                                                                                     |                                    |                           |                         |                                                             |
| b Net investment income (If negative, enter -0-) . . . . .                                                                                                          |                                                                                               | 22,726.                            |                           |                         |                                                             |
| c Adjusted net income (If negative, enter -0-) . . . . .                                                                                                            |                                                                                               |                                    |                           |                         |                                                             |

**Part II Balance Sheets**

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

|                                    |                                                                                                                                                  | Beginning of year | End of year    |                       |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                    |                                                                                                                                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                      | 1 Cash - non-interest-bearing . . . . .                                                                                                          | 220,296.          | 51,214.        | 51,214.               |
|                                    | 2 Savings and temporary cash investments . . . . .                                                                                               | 405,239.          |                |                       |
|                                    | 3 Accounts receivable ▶ . . . . .                                                                                                                |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                |                   |                |                       |
|                                    | 4 Pledges receivable ▶ . . . . .                                                                                                                 |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                |                   |                |                       |
|                                    | 5 Grants receivable . . . . .                                                                                                                    | 9,052.            | 21,326.        | 21,326.               |
|                                    | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .              |                   |                |                       |
|                                    | 7 Other notes and loans receivable (attach schedule) ▶ . . . . .                                                                                 |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶ . . . . .                                                                                                |                   |                |                       |
|                                    | 8 Inventories for sale or use . . . . .                                                                                                          |                   |                |                       |
|                                    | 9 Prepaid expenses and deferred charges . . . . .                                                                                                |                   |                |                       |
|                                    | 10 a Investments - U.S. and state government obligations (attach schedule) . . . . .                                                             | 186,503.          | 599,896.       | 599,896.              |
|                                    | b Investments - corporate stock (attach schedule) . . . . .                                                                                      |                   |                |                       |
|                                    | c Investments - corporate bonds (attach schedule) . . . . .                                                                                      |                   |                |                       |
| <b>Liabilities</b>                 | 11 Investments - land, buildings, and equipment: basis . . . . .                                                                                 |                   |                |                       |
|                                    | Less: accumulated depreciation (attach schedule) ▶ . . . . .                                                                                     |                   |                |                       |
|                                    | 12 Investments - mortgage loans . . . . .                                                                                                        |                   |                |                       |
|                                    | 13 Investments - other (attach schedule) . . . . .                                                                                               |                   |                |                       |
|                                    | 14 Land, buildings, and equipment: basis . . . . .                                                                                               |                   |                |                       |
|                                    | Less: accumulated depreciation (attach schedule) ▶ . . . . .                                                                                     |                   |                |                       |
|                                    | 15 Other assets (describe ▶ . . . . . ATCH 6 ) . . . . .                                                                                         | 1,385.            | 492.           | 492.                  |
|                                    | 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, Item I) . . . . .                                       | 822,475.          | 672,928.       | 672,928.              |
|                                    | 17 Accounts payable and accrued expenses . . . . .                                                                                               | 5,737.            | 10,157.        |                       |
|                                    | 18 Grants payable . . . . .                                                                                                                      |                   |                |                       |
|                                    | 19 Deferred revenue . . . . .                                                                                                                    |                   |                |                       |
|                                    | 20 Loans from officers, directors, trustees, and other disqualified persons . . . . .                                                            |                   |                |                       |
|                                    | 21 Mortgages and other notes payable (attach schedule) . . . . .                                                                                 |                   |                |                       |
|                                    | 22 Other liabilities (describe ▶ . . . . . ) . . . . .                                                                                           |                   |                |                       |
|                                    | 23 Total liabilities (add lines 17 through 22) . . . . .                                                                                         | 5,737.            | 10,157.        |                       |
| <b>Net Assets or Fund Balances</b> | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. . . . . |                   |                |                       |
|                                    | 24 Unrestricted . . . . .                                                                                                                        | 816,738.          | 662,771.       |                       |
|                                    | 25 Temporarily restricted . . . . .                                                                                                              |                   |                |                       |
|                                    | 26 Permanently restricted . . . . .                                                                                                              |                   |                |                       |
|                                    | Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here and complete lines 27 through 31. . . . .                   |                   |                |                       |
|                                    | 27 Capital stock, trust principal, or current funds . . . . .                                                                                    |                   |                |                       |
|                                    | 28 Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .                                                                      |                   |                |                       |
|                                    | 29 Retained earnings, accumulated income, endowment, or other funds . . . . .                                                                    |                   |                |                       |
|                                    | 30 Total net assets or fund balances (see instructions) . . . . .                                                                                | 816,738.          | 662,771.       |                       |
|                                    | 31 Total liabilities and net assets/fund balances (see instructions) . . . . .                                                                   | 822,475.          | 672,928.       |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                        |   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . . | 1 | 816,738.  |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                         | 2 | -134,261. |
| 3 Other increases not included in line 2 (itemize) ▶ . . . . .                                                                                                         | 3 |           |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                      | 4 | 682,477.  |
| 5 Decreases not included in line 2 (itemize) ▶ . . . . . ATCH 7                                                                                                        | 5 | 19,706.   |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .                                                      | 6 | 662,771.  |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate,<br>2-story brick warehouse; or common stock, 200 shs. MLC Co.) |                                            |                                                 | (b) How<br>acquired<br>P - Purchase<br>D - Donation                                             | (c) Date<br>acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|
| <b>1a SEE PART IV SCHEDULE</b>                                                                                                        |                                            |                                                 |                                                                                                 |                                         |                                  |
| b                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| c                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| d                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| e                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| (e) Gross sales price                                                                                                                 | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                    |                                         |                                  |
| a                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| b                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| c                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| d                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| e                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                           |                                            |                                                 | (i) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |                                         |                                  |
| (i) F.M.V. as of 12/31/69                                                                                                             | (j) Adjusted basis<br>as of 12/31/69       | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                                 |                                         |                                  |
| a                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| b                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| c                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| d                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| e                                                                                                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| <b>2 Capital gain net income or (net capital loss)</b>                                                                                |                                            |                                                 | <b>2</b>                                                                                        | <b>8,208.</b>                           |                                  |
| { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7                                                     |                                            |                                                 |                                                                                                 |                                         |                                  |
| <b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b>                                                |                                            |                                                 | <b>3</b>                                                                                        | <b>0</b>                                |                                  |
| If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in<br>Part I, line 8                       |                                            |                                                 |                                                                                                 |                                         |                                  |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)                                                                                                                      | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2012                                                                                                                                                                                      | 401,943.                                 | 899,304.                                     | 0.446949                                                    |
| 2011                                                                                                                                                                                      | 1,749,782.                               | 1,598,651.                                   | 1.094537                                                    |
| 2010                                                                                                                                                                                      | 288,692.                                 | 1,623,965.                                   | 0.177770                                                    |
| 2009                                                                                                                                                                                      | 347,142.                                 | 958,265.                                     | 0.362261                                                    |
| 2008                                                                                                                                                                                      | 682,691.                                 | 1,210,061.                                   | 0.564179                                                    |
| <b>2 Total of line 1, column (d)</b>                                                                                                                                                      |                                          |                                              | <b>2</b> <b>2.645696</b>                                    |
| <b>3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the<br/>number of years the foundation has been in existence if less than 5 years</b> |                                          |                                              | <b>3</b> <b>0.529139</b>                                    |
| <b>4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5</b>                                                                                                     |                                          |                                              | <b>4</b> <b>723,853.</b>                                    |
| <b>5 Multiply line 4 by line 3</b>                                                                                                                                                        |                                          |                                              | <b>5</b> <b>383,019.</b>                                    |
| <b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>                                                                                                                       |                                          |                                              | <b>6</b> <b>227.</b>                                        |
| <b>7 Add lines 5 and 6</b>                                                                                                                                                                |                                          |                                              | <b>7</b> <b>383,246.</b>                                    |
| <b>8 Enter qualifying distributions from Part XII, line 4</b>                                                                                                                             |                                          |                                              | <b>8</b> <b>504,514.</b>                                    |

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

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

|                                                                                                                                                                                                                                                  |    |        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|--------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. . . . .<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) |    |        |        |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b. . . . .                                                                            |    | 1      | 227.   |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). . . . .                                                                                                               |    |        |        |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .                                                                                                                            |    | 2      |        |
| 3 Add lines 1 and 2. . . . .                                                                                                                                                                                                                     |    | 3      | 227.   |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .                                                                                                                          |    | 4      | 0      |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                                              |    | 5      | 227.   |
| 6 Credits/Payments:                                                                                                                                                                                                                              |    |        |        |
| a 2013 estimated tax payments and 2012 overpayment credited to 2013. . . . .                                                                                                                                                                     | 6a |        |        |
| b Exempt foreign organizations - tax withheld at source. . . . .                                                                                                                                                                                 | 6b |        |        |
| c Tax paid with application for extension of time to file (Form 8868). . . . .                                                                                                                                                                   | 6c | 1,000. |        |
| d Backup withholding erroneously withheld. . . . .                                                                                                                                                                                               | 6d |        |        |
| 7 Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                                   | 7  |        | 1,000. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached. . . . .                                                                                                                     | 8  |        |        |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed. . . . .                                                                                                                                                         | 9  |        |        |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                                                                                            | 10 |        | 773.   |
| 11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input checked="" type="checkbox"/> 773. Refunded <input type="checkbox"/> . . . . .                                                                                        | 11 |        |        |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                         | Yes | No  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                       |     | X   |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? . . . . .<br>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. |     | X   |
| c Did the foundation file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                        |     | X   |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers. <input checked="" type="checkbox"/> \$ _____                                                                                                    |     |     |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ _____                                                                                                                                                                    |     |     |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                               |     | X   |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. . . . .                                                                                                                   |     | X   |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                |     | X   |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                                                                                                            |     | N/A |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                         |     | X   |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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? . . . . .          | X   |     |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                                     | X   |     |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> DE, TX, _____                                                                                                                                                                                                 |     |     |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. . . . .                                                                                                                                  | X   |     |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV. . . . .                                                                                         |     | X   |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .                                                                                                                                                                                                          |     | X   |

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

|                                                                                                                                    |                                                                                                                                                                                           |                                   |     |                          |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|--------------------------|
| 11                                                                                                                                 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).  | 11                                |     | X                        |
| 12                                                                                                                                 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions). | 12                                |     | X                        |
| 13                                                                                                                                 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                       | 13                                | X   |                          |
| Website address <b>WWW.VHAFOUNDATION.ORG</b>                                                                                       |                                                                                                                                                                                           |                                   |     |                          |
| 14 The books are in care of <b>HELEN MIHAS, VHA INC.</b>                                                                           |                                                                                                                                                                                           | Telephone no. <b>972-830-0000</b> |     |                          |
| Located at <b>290 EAST JOHN CARPENTER FWY. IRVING, TX</b>                                                                          |                                                                                                                                                                                           | ZIP+4 <b>75062-2710</b>           |     |                          |
| 15                                                                                                                                 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                                                                       | 15                                |     | <input type="checkbox"/> |
| and enter the amount of tax-exempt interest received or accrued during the year.                                                   |                                                                                                                                                                                           | <b>NIA</b>                        |     |                          |
| 16                                                                                                                                 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16                                | Yes | No                       |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country |                                                                                                                                                                                           |                                   |     |                          |

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                          | No                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| 1a During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?                                                                                                                                                                                                                                                                            | 1b                           | X                                      |
| Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                                                                                                                                                                                                                                                |                              | <input type="checkbox"/>               |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?                                                                                                                                                                                                                                                                                                         | 1c                           | X                                      |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                  |                              |                                        |
| a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If "Yes," list the years                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                        |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)                                                                                                                                                                                       | 2b                           | X                                      |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                                                                                                                                                                                                                                                                                                                                |                              |                                        |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) | 3b                           | NIA                                    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                | 4a                           | X                                      |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?                                                                                                                                                                                                                                                               | 4b                           | X                                      |

Form 990-PF (2013)

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No

5b N/A

Organizations relying on a current notice regarding disaster assistance check here ☐c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

6b X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

7b N/A

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

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

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

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

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

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

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

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

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

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



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

|   |                                                                                                             |    |          |
|---|-------------------------------------------------------------------------------------------------------------|----|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |    |          |
| a | Average monthly fair market value of securities                                                             | 1a | 581,266. |
| b | Average of monthly cash balances                                                                            | 1b | 153,610. |
| c | Fair market value of all other assets (see instructions)                                                    | 1c |          |
| d | Total (add lines 1a, b, and c)                                                                              | 1d | 734,876. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e |          |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2  |          |
| 3 | Subtract line 2 from line 1d                                                                                | 3  | 734,876. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)  | 4  | 11,023.  |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4        | 5  | 723,853. |
| 6 | Minimum investment return. Enter 5% of line 5                                                               | 6  | 36,193.  |

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

|    |                                                                                                     |    |         |
|----|-----------------------------------------------------------------------------------------------------|----|---------|
| 1  | Minimum investment return from Part X, line 6                                                       | 1  | 36,193. |
| 2a | Tax on investment income for 2013 from Part VI, line 5                                              | 2a | 227.    |
| b  | Income tax for 2013. (This does not include the tax from Part VI.)                                  | 2b |         |
| c  | Add lines 2a and 2b                                                                                 | 2c | 227.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                               | 3  | 35,966. |
| 4  | Recoveries of amounts treated as qualifying distributions                                           | 4  |         |
| 5  | Add lines 3 and 4                                                                                   | 5  | 35,966. |
| 6  | Deduction from distributable amount (see instructions)                                              | 6  |         |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7  | 35,966. |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                                      |    |          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                           |    |          |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                                        | 1a | 504,514. |
| b | Program-related investments - total from Part IX-B                                                                                                   | 1b |          |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | 2  |          |
| 3 | Amounts set aside for specific charitable projects that satisfy the:                                                                                 |    |          |
| a | Suitability test (prior IRS approval required)                                                                                                       | 3a |          |
| b | Cash distribution test (attach the required schedule)                                                                                                | 3b |          |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                           | 4  | 504,514. |
| 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  | 227.     |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                       | 6  | 504,287. |

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

**Part XIII Undistributed Income (see instructions)**

|                                                                                                                                                                                      | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             | 35,966.     |
| 2 Undistributed income, if any, as of the end of 2013:                                                                                                                               |               |                            |             |             |
| a Enter amount for 2012 only . . . . .                                                                                                                                               |               |                            |             |             |
| b Total for prior years: 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u> . . . . .                                                                                                        |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2013:                                                                                                                                   |               |                            |             |             |
| a From 2008 . . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2009 . . . . .                                                                                                                                                                | 121,928.      |                            |             |             |
| c From 2010 . . . . .                                                                                                                                                                |               |                            |             |             |
| d From 2011 . . . . .                                                                                                                                                                | 1,670,785.    |                            |             |             |
| e From 2012 . . . . .                                                                                                                                                                | 357,960.      |                            |             |             |
| f Total of lines 3a through e . . . . .                                                                                                                                              | 2,150,673.    |                            |             |             |
| 4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ <u>504,514.</u>                                                                                                      |               |                            |             |             |
| a Applied to 2012, but not more than line 2a . . . . .                                                                                                                               |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see instructions) . . . . .                                                                                    |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see instructions) . . . . .                                                                                            |               |                            |             |             |
| d Applied to 2013 distributable amount . . . . .                                                                                                                                     |               |                            |             | 35,966.     |
| e Remaining amount distributed out of corpus . . . . .                                                                                                                               | 468,548.      |                            |             |             |
| 5 Excess distributions carryover applied to 2013 . . . . .<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                             |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .                                                                                                                        | 2,619,221.    |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .                                                                                                         |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .                                                                                                         |               |                            |             |             |
| e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .                                                                          |               |                            |             |             |
| f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 . . . . .                                                              |               |                            |             |             |
| 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 2008 not applied on line 5 or line 7 (see instructions) . . . . .                                                                              |               |                            |             |             |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 2,619,221.    |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                               |               |                            |             |             |
| a Excess from 2009 . . . . .                                                                                                                                                         | 121,928.      |                            |             |             |
| b Excess from 2010 . . . . .                                                                                                                                                         |               |                            |             |             |
| c Excess from 2011 . . . . .                                                                                                                                                         | 1,670,785.    |                            |             |             |
| d Excess from 2012 . . . . .                                                                                                                                                         | 357,960.      |                            |             |             |
| e Excess from 2013 . . . . .                                                                                                                                                         | 468,548.      |                            |             |             |

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

| Tax year                                                                                                                                                    | Prior 3 years |          |          |          | (e) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|----------|-----------|
|                                                                                                                                                             | (a) 2013      | (b) 2012 | (c) 2011 | (d) 2010 |           |
| b 85% of line 2a . . . . .                                                                                                                                  |               |          |          |          |           |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |               |          |          |          |           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |               |          |          |          |           |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |               |          |          |          |           |
| 3 Complete 3a, b, or c for the alternative test relied upon:                                                                                                |               |          |          |          |           |
| a "Assets" alternative test - enter:                                                                                                                        |               |          |          |          |           |
| (1) Value of all assets . . . . .                                                                                                                           |               |          |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .                                                                                     |               |          |          |          |           |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |               |          |          |          |           |
| c "Support" alternative test - enter:                                                                                                                       |               |          |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |          |          |          |           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .                                       |               |          |          |          |           |
| (3) Largest amount of support from an exempt organization . . . . .                                                                                         |               |          |          |          |           |
| (4) Gross investment income . . . . .                                                                                                                       |               |          |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

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

N/A

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

N/A

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

N/A

c Any submission deadlines:

N/A

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

N/A

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| <div>Recipient</div> <div>Name and address (home or business)</div> | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount          |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------------|
| <b>a Paid during the year</b><br><br>ATCH 9                         |                                                                                                           |                                |                                  |                 |
| <b>Total</b> .....                                                  |                                                                                                           |                                | ▶ <b>3a</b>                      | <b>482,102.</b> |
| <b>b Approved for future payment</b>                                |                                                                                                           |                                |                                  |                 |
| <b>Total</b> .....                                                  |                                                                                                           |                                | ▶ <b>3b</b>                      |                 |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated.                       |                                      | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|-----------------------------------------------------------------------|--------------------------------------|---------------------------|---------------|--------------------------------------|---------------|--------------------------------------------------------------------|
|                                                                       |                                      | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |                                                                    |
| <b>1 Program service revenue:</b>                                     |                                      |                           |               |                                      |               |                                                                    |
| a                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| b                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| c                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| d                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| e                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| f                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| g Fees and contracts from government agencies                         |                                      |                           |               |                                      |               |                                                                    |
| <b>2 Membership dues and assessments . . . . .</b>                    |                                      |                           |               |                                      |               |                                                                    |
| <b>3 Interest on savings and temporary cash investments</b>           |                                      |                           |               |                                      |               |                                                                    |
| <b>4 Dividends and interest from securities . . . . .</b>             |                                      |                           |               | 14                                   | 15,785.       |                                                                    |
| <b>5 Net rental income or (loss) from real estate:</b>                |                                      |                           |               |                                      |               |                                                                    |
| a                                                                     | Debt-financed property . . . . .     |                           |               |                                      |               |                                                                    |
| b                                                                     | Not debt-financed property . . . . . |                           |               |                                      |               |                                                                    |
| <b>6 Net rental income or (loss) from personal property . . . . .</b> |                                      |                           |               |                                      |               |                                                                    |
| <b>7 Other investment income . . . . .</b>                            |                                      |                           |               |                                      |               |                                                                    |
| <b>8 Gain or (loss) from sales of assets other than inventory</b>     |                                      |                           |               | 18                                   | 8,208.        |                                                                    |
| <b>9 Net income or (loss) from special events . . . . .</b>           |                                      |                           |               |                                      |               |                                                                    |
| <b>10 Gross profit or (loss) from sales of inventory . . . . .</b>    |                                      |                           |               |                                      |               |                                                                    |
| <b>11 Other revenue: a</b> _____                                      |                                      |                           |               |                                      |               |                                                                    |
| b                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| c                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| d                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| e                                                                     | _____                                |                           |               |                                      |               |                                                                    |
| <b>12 Subtotal. Add columns (b), (d), and (e) . . . . .</b>           |                                      |                           |               |                                      | 23,993.       |                                                                    |
| <b>13 Total. Add line 12, columns (b), (d), and (e) . . . . .</b>     |                                      |                           |               |                                      |               | 23,993.                                                            |

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

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

- |          |                                                                                                                                                                                                                                                                                                                                                                                              |              |            |           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |              |            |           |
| (1)      | Cash . . . . .                                                                                                                                                                                                                                                                                                                                                                               | <b>1a(1)</b> |            | X         |
| (2)      | Other assets . . . . .                                                                                                                                                                                                                                                                                                                                                                       | <b>1a(2)</b> |            | X         |
| <b>b</b> | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |              |            |           |
| (1)      | Sales of assets to a noncharitable exempt organization . . . . .                                                                                                                                                                                                                                                                                                                             | <b>1b(1)</b> |            | X         |
| (2)      | Purchases of assets from a noncharitable exempt organization . . . . .                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b> |            | X         |
| (3)      | Rental of facilities, equipment, or other assets . . . . .                                                                                                                                                                                                                                                                                                                                   | <b>1b(3)</b> |            | X         |
| (4)      | Reimbursement arrangements . . . . .                                                                                                                                                                                                                                                                                                                                                         | <b>1b(4)</b> |            | X         |
| (5)      | Loans or loan guarantees . . . . .                                                                                                                                                                                                                                                                                                                                                           | <b>1b(5)</b> |            | X         |
| (6)      | Performance of services or membership or fundraising solicitations . . . . .                                                                                                                                                                                                                                                                                                                 | <b>1b(6)</b> |            | X         |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .                                                                                                                                                                                                                                                                                                   | <b>1c</b>    |            | X         |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |              |            |           |

[illegible]

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

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

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date: \_\_\_\_\_

Title

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

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

**KATHLEEN MOSELEY**

Officer's signature

1975

Date \_\_\_\_\_

11/11/14

Check ☐ if self-employed

PTIN

P00116760

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 425 HOUSTON ST., STE 600  
FORT WORTH, TX

76102

Phone no 817-348-6000

Form 990-PF (2013)

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

| Kind of Property                       |                                | Description                                                             |                    |                           |                              | Date acquired          | Date sold  |
|----------------------------------------|--------------------------------|-------------------------------------------------------------------------|--------------------|---------------------------|------------------------------|------------------------|------------|
| Gross sale price less expenses of sale | Depreciation allowed/allowable | Cost or other basis                                                     | FMV as of 12/31/69 | Adj. basis as of 12/31/69 | Excess of FMV over adj basis | Gain or (loss)         |            |
| 99,991.                                |                                | 9633 PIMCO ALL AST ALL ATH A<br>PROPERTY TYPE: SECURITIES<br>110,202.   |                    |                           |                              | 09/18/2012<br>-10,211. | 07/22/2013 |
| 3.                                     |                                | 0.2430 PIMCO ALL AST ALL<br>PROPERTY TYPE: SECURITIES<br>3.             |                    |                           |                              | 09/18/2012             | 07/22/2013 |
| 7.                                     |                                | 0.6680 PIMCO ALL AST ALL ATH A<br>PROPERTY TYPE: SECURITIES<br>7.       |                    |                           |                              | 06/20/2013             | 07/22/2013 |
| 104,711.                               |                                | 9522 FT 3944 DEFENSIVE EQUITY<br>PROPERTY TYPE: SECURITIES<br>99,710.   |                    |                           |                              | 3/6/2013<br>5,001.     | 09/18/2013 |
| 781.                                   |                                | 71 FT3944 DEFENSIVE EQUITY<br>PROPERTY TYPE: SECURITIES<br>729.         |                    |                           |                              | 06/26/2013<br>52.      | 09/18/2013 |
| 11.                                    |                                | 1 FT3944 DEFENSIVE EQUITY<br>PROPERTY TYPE: SECURITIES<br>11.           |                    |                           |                              | 07/26/2013             | 09/18/2013 |
| 3.                                     |                                | 0.3005 FT 3944 DEFENSIVE<br>PROPERTY TYPE: SECURITIES<br>3.             |                    |                           |                              | 07/26/2013             | 09/19/2013 |
| 3,838.                                 |                                | 349 FT 3944 DEFENSIVE EQUITY<br>PROPERTY TYPE: SECURITIES<br>3,745.     |                    |                           |                              | 07/26/2013<br>93.      | 09/18/2013 |
| 7,188.                                 |                                | 7000 US TRY 2.000% NOV 15 2021<br>PROPERTY TYPE: SECURITIES<br>7,259.   |                    |                           |                              | 05/07/2013<br>-71.     | 05/17/2013 |
| 18,295.                                |                                | 17000 US TRY INFLATION NOTE<br>18,548.                                  |                    |                           |                              | VAR<br>-253.           | VAR        |
| 42,066.                                |                                | 42000 US TRY 0.750% OCT 31 2017<br>PROPERTY TYPE: SECURITIES<br>42,146. |                    |                           |                              | VAR<br>-80.            | VAR        |
| 13,910.                                |                                | 14000 US TRY 1.125% DEC 31 2019<br>PROPERTY TYPE: SECURITIES<br>13,869. |                    |                           |                              | 01/11/2013<br>41.      | VAR        |

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

| Kind of Property                       |                                | Description                                                             |                    |                           |                              | Date acquired      | Date sold  |
|----------------------------------------|--------------------------------|-------------------------------------------------------------------------|--------------------|---------------------------|------------------------------|--------------------|------------|
| Gross sale price less expenses of sale | Depreciation allowed/allowable | Cost or other basis                                                     | FMV as of 12/31/69 | Adj. basis as of 12/31/69 | Excess of FMV over adj basis | Gain or (loss)     |            |
| 14,118.                                |                                | 13000 US TRY 2.000% FEB 15 2023<br>PROPERTY TYPE: SECURITIES<br>14,157. |                    |                           |                              | VAR<br>-39.        | VAR        |
| 19,778.                                |                                | 12000 US TRSY INFLATION BOND<br>PROPERTY TYPE: SECURITIES<br>20,710.    |                    |                           |                              | VAR<br>-932.       | VAR        |
| 709.                                   |                                | 63 FIXED INCOME SHARES<br>PROPERTY TYPE: SECURITIES<br>674.             |                    |                           |                              | 04/02/2012<br>35.  | 05/17/2013 |
| 10,200.                                |                                | 10000 US TRY 1.375% FEB 28 2019<br>9,961.                               |                    |                           |                              | 03/01/2012<br>239. | VAR        |
| 154,970.                               |                                | 12567 FIXED INCOME SHARES<br>PROPERTY TYPE: SECURITIES<br>140,637.      |                    |                           |                              | VAR<br>14,333.     | VAR        |
| TOTAL GAIN(LOSS) .....                 |                                |                                                                         |                    |                           |                              | <u>8,208.</u>      |            |



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

OMB No. 1545-0047

**2013**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

VHA FOUNDATION, INC.

Employer identification number

22-2710552

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **VHA FOUNDATION, INC.**Employer identification number  
**22-2710552****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | VHA INC<br>290 E JOHN CARPENTER FREEWAY<br>IRVING, TX                             | \$ 83,842.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | CORPORATE CONTRIBUTORS < \$5000<br>VARIOUS                                        | \$ 31,175.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | CAROLINA EAST MEDICAL CENTER<br>2000 NEUSE BOULEVARD<br>NEW BERN, NC 28560        | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | MEMORIAL HERMANN HEALTH SYSTEM<br>909 FROSTWOOD, SUITE 2.102<br>HOUSTON, TX 77024 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | DUNCAN REGIONAL HOSPITAL<br>P.O. BOX 2000<br>DUNCAN, OK 73534                     | \$ 44,900.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | INFIRMARY HEALTH<br>P.O. BOX 2226<br>MOBILE, AL 36607                             | \$ 26,371.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **VHA FOUNDATION, INC.**Employer identification number  
**22-2710552****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                            |
|------------|--------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | COASTAL MISSISSIPPI HEALTHCARE FOUNDATIO<br>2012 HIGHWAY 90, SUITE 34<br>GAUTIER, MS 39553 | \$ 14,971.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 8          | BAPTIST HEALTH<br>9601 INTERSTATE 630, EXIT 7<br>LITTLE ROCK, AR 72205                     | \$ 12,815.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 9          | ANDERSON REGIONAL MEDICAL CENTER<br>2124 FOURTEENTH STREET<br>MERIDIAN, MS 39301           | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 10         | BLESSING HOSPITAL / BLESSING FOUNDATION<br>P.O.BOX 7005<br>QUINCY, IL 62305                | \$ 5,959.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 11         | CLARK MEMORIAL HOSPITAL<br>1220 MISSOURI AVE<br>JEFFERSONVILLE, IN 47130                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 12         | CONWAY REGIONAL HEALTH FOUNDATION<br>2302 COLLEGE AVENUE<br>CONWAY, AR 72032               | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

Name of organization **VHA FOUNDATION, INC.**Employer identification number  
**22-2710552****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | HUNTERDON MEDICAL CENTER<br>2100 WESCOTT DRIVE<br>FLEMINGTON, NJ 08822      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | JCMH HEALTH CARE CORPORATION<br>1200 EAST PECAN<br>ALTUS, OK 73521          | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | MARION GENERAL HOSPITAL<br>441 N. WABASH<br>MARION, IN 46952                | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | SALINA REGIONAL HEALTH FOUNDATION<br>400 SOUTH SANTA FE<br>SALINA, KS 67402 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | YALE NEW HAVEN HEALTH SYSTEM<br>789 HOWARD AVE.<br>NEW HAVEN, CT 06504      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                             | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization VHA FOUNDATION, INC.

Employer identification number  
22-2710552**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization VHA FOUNDATION, INC.

Employer identification number

22-2710552

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

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

Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I               | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------------------------|-------------------------|------------------------------------------|-------------------------------------|
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |
| ---                                     | -----<br>-----<br>----- | -----<br>-----<br>-----                  | -----<br>-----<br>-----             |
| (e) Transfer of gift                    |                         |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| -----<br>-----<br>-----                 |                         | -----<br>-----<br>-----                  |                                     |

ATTACHMENT 1FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| <u>DESCRIPTION</u>                     | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> |
|----------------------------------------|---------------------------------------------------|--------------------------------------|
| INTEREST INCOME                        | 1,005.                                            | 1,005.                               |
| DIVIDEND INCOME                        | 11,290.                                           | 11,290.                              |
| NET PREMIUM/DISCOUNTS REALIZED ON SALE | 3,490.                                            | 3,490.                               |
| TOTAL                                  | <u>15,785.</u>                                    | <u>15,785.</u>                       |

ATTACHMENT 2FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---------------------------------------------------|--------------------------------------|------------------------------------|--------------------------------|
| ERNST & YOUNG      | 4,000.                                            |                                      |                                    | 4,000.                         |
| TOTALS             | <u>4,000.</u>                                     |                                      |                                    | <u>4,000.</u>                  |



ATTACHMENT 3

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u>   | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> |
|----------------------|---------------------------------------------------|--------------------------------------|
| INVESTMENT MGMT FEES | 1,267.                                            | 1,267.                               |
| TOTALS               | <u>1,267.</u>                                     | <u>1,267.</u>                        |

ATTACHMENT 4FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|--------------------|---------------------------------------------------|
| FEDERAL INCOME TAX | 991.                                              |
| TOTALS             | <u>991.</u>                                       |

ATTACHMENT 5FORM 990PF, PART I - OTHER EXPENSES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|--------------------|---------------------------------------------------|
| OFFICE EXPENSE     | 280.                                              |
| LICENSE AND FEES   | 244.                                              |
| TOTALS             | <u>524.</u>                                       |

FORM 990PF, PART II - OTHER ASSETS

ATTACHMENT 6

DESCRIPTION

ENDING  
BOOK VALUE

ACCRUED INTEREST CURRENT

492.

TOTALS

492.

ATTACHMENT 7FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED LOSS

19,706.

TOTAL

19,706.

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

| <u>NAME AND ADDRESS</u>                                                 | <u>TITLE AND AVERAGE HOURS PER<br/>WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS<br/>TO EMPLOYEE<br/>BENEFIT PLANS</u> | <u>EXPENSE ACCT<br/>AND OTHER<br/>ALLOWANCES</u> |
|-------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|--------------------------------------------------------|--------------------------------------------------|
| CURT NONOMAQUE<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710 | CHAIR 1.00                                                      | 0                   | 0                                                      | 0                                                |
| FRANCO DOOLEY<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710  | TREASURER 1.00                                                  | 0                   | 0                                                      | 0                                                |
| COLLEEN RISK<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710   | SECRETARY & DIRECTOR 1.00                                       | 0                   | 0                                                      | 0                                                |
| GRAND TOTALS                                                            |                                                                 | 0                   | 0                                                      | 0                                                |

FORM 990PE, PART XV - GRANTE AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 9

| RECIPIENT NAME AND ADDRESS                                                                 | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION                                                                                                                                                                                                                                  | AMOUNT   |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| FORREST GENERAL HOSPITAL #441<br>6051 US HIGHWAY 49 SOUTH<br>HATTIESBURG, MS 39401         | NONE<br>NC                                                                       | MISSISSIPPI TORNADES - FEBRUARY 2013 DISASTER<br>RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO<br>INDIVIDUAL EMPLOYEES OF THE NAMED ORGANIZATION<br>WHO ARE VICTIMS OF FEMA DECLARED DISASTERS IN<br>ACCORDANCE WITH THE VHA FOUNDATION'S DISASTER<br>RELIEF POLICY. | 25,000.  |
| NORMAN REGIONAL HOSPITAL #521<br>901 N PORTER STREET<br>NORMAN, OK 73071                   | NONE<br>NC                                                                       | OKLAHOMA TORNADES - MAY 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.            | 192,482. |
| VALLEY VIEW REGIONAL HOSPITAL #524<br>430 NORTH MONTA VISTA<br>ADA, OK 74820               | NONE<br>NC                                                                       | OKLAHOMA TORNADES - MAY 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.            | 1,220.   |
| GRADY MEMORIAL HOSPITAL #2088<br>2220 WEST IOWA AVE<br>CHICKASHA, OK 73018                 | NONE<br>NC                                                                       | OKLAHOMA TORNADES - MAY 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.            | 1,726.   |
| LIFECARE HEALTH SERVICE EMPLOYEES<br>4013 NW EXPRESSWAY STE#575<br>OKLAHOMA CITY, OK 73116 | NONE<br>NC                                                                       | OKLAHOMA TORNADES - MAY 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.            | 9,356.   |

FORM 990FE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 9 (CONT'D)

| RECIPIENT NAME AND ADDRESS                                                     | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR<br>AND<br>FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION                                                                                                                                                                                                                           | AMOUNT   |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| INTEGRIS HEALTH #191<br>3366 NW EXPRESSWAY<br>OKLAHOMA CITY, OK 73112          | NONE<br>NC                                                                       | OKLAHOMA TORNADOES - MAY 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY.    | 137,312. |
| LONGMONT UNITED HOSPITAL #311<br>1950 MOUNTAIN VIEW AVE.<br>LONGMONT, CO 80501 | NONE<br>NC                                                                       | COLORADO STORMS - SEPTEMBER 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY. | 39,000.  |
| BOULDER COMMUNITY HOSPITAL #46<br>P.O. BOX 9019<br>BOULDER, CO 80301           | NONE<br>NC                                                                       | COLORADO STORMS - SEPTEMBER 2013 DISASTER RELIEF<br>FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL<br>EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE<br>VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE<br>WITH THE VHA FOUNDATION'S DISASTER RELIEF POLICY. | 76,000.  |

TOTAL CONTRIBUTIONS PAID

482,102.



**Application for Extension of Time To File an  
Exempt Organization Return**► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

|                                                                                            |                                                                                          |                                         |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.                            | Employer identification number (EIN) or |
|                                                                                            | VHA FOUNDATION, INC.                                                                     | 22-2710552                              |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.                   | Social security number (SSN)            |
|                                                                                            | 290 EAST JOHN CARPENTER FWY.                                                             |                                         |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                         |
|                                                                                            | IRVING, TX 75062-2710                                                                    |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  4

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 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          |

- The books are in the care of ► HELEN MIHAS, VHA INC.

Telephone No. ► 972 830-0000

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐ . . . . . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2013 or
- ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

|                                                                                                                                                                                       |       |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a \$ | 500. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0    |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c \$ | 500. |

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2014)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. . . . . ☒ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Enter filer's identifying number, see instructions

|                                                                                          |                                                                        |  |                                         |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|-----------------------------------------|
| Type or print<br><br>File by the due date for filing your return. See instructions.      | Name of exempt organization or other filer, see instructions.          |  | Employer identification number (EIN) or |
|                                                                                          | VHA FOUNDATION, INC.                                                   |  | 22-2710552                              |
|                                                                                          | Number, street, and room or suite no. If a P.O. box, see instructions. |  | Social security number (SSN)            |
|                                                                                          | 290 EAST JOHN CARPENTER FWY.                                           |  |                                         |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                                                        |  |                                         |
| IRVING, TX 75062-2710                                                                    |                                                                        |  |                                         |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **0 4**

| Application is For                      | Return Code | Application is For                | Return Code |
|-----------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                 | 01          |                                   |             |
| Form 990-BL                             | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                  | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                             | 04          | Form 5227                         | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 8069                         | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                         | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of HELEN MIHAS, VHA INC., 290 EAST JOHN CARPENTER FWY, IRVING, TX 75062  
Telephone No. 972 830-0000 Fax No.

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/17, 2014.

5 For calendar year 2013, or other tax year beginning 20, and ending 20.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension IN ORDER FOR US TO FILE AN ACCURATE RETURN, WE WOULD LIKE TO HAVE ADDITIONAL TIME.

|                                                                                                                                                                                                                                      |    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | 8a | \$ <u>1,000</u> |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ <u>500.</u>  |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                            | 8c | \$ <u>500</u>   |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Ch M. Ruiz Title Exec VP, VHA Date 8-15-14