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Form 990-PE

EXTENDED FORMOUND BULLES 2015 **Return of Private Foundation**

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

Department of the Treasu Internal Revenue Service

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.cov/form990of.

OMB No. 1545-0052

n esteriost kost so in or rex kest nediminid		, and enging		
lame of foundation			A Employer identification	n aumber ==
THE OVERTON FAMILY FOUNDAT	OT WOOD KOTH	DR YOUR FILE	S 20-008104:	1
tumber and street (or P.O. box number if mail to not delivered to street	TON	Room/suite	20-008104.	<u> </u>
5859 HARBOUR VIEW BLVD., S	ያጠተጥም 3በበ		B Telephone number	0070
ty or town, state or province, country, and ZIP or foreign p		CEURIN COURT MEI	<u>:(757)935-9</u>	
SUFFOLK, VA 23435	DOSIGN COOR NAME OF THE PARTY O	· ALL	G'it exemption application is	pending, check here
Check all that apply: Initial return	Initial return of a f	former public charity	D 1. Foreign organization	no shook born
Final return	Amended return	onnor public clearty	D 1. FOR ORDIT OT BELLEVATION	IS, CHECK HAIR
Address change	Name change		Foreign organizations m check here and attach or	setting the 85% test,
Check type of organization: X Section 501(c)(3) st			1	
	Other taxable private found	lation	E if private foundation st under section 507(b)(1	ATUS Was terminated
Fair market value of all assets at end of year J Account		Accrual	F If the foundation is in a	
provide the state of the state	ther (specify)			I)(B), check here
▶\$ 5.662.102. (Part I, coll.		basis.)		,,(=), ansak nas,>
Analysis of Revenue and Expanses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursamente for charitable purposse
	expenses per books	income	income	(cash basis only)
1 Contributions, gifts, grants, etc., received	305,625.			10 442734
2 Check It if the foundation is not required to attach Sch. B intersect on sarvings and temporary cash investments		The second second		h
1	125,728.	155 955		
4 Dividends and interest from securities	145,128.	125,728.		TANEMEND
b Net rental income or (loss)	J . 1. 6 2 52	E-LOS AND AND AND		
· · · · · · · · · · · · · · · · · · ·	425,768.	A SAME	2 CHANGE THE A	
58 Net gain or (loss) from sale of essets not on line 10 B Gross agles price for all 5, 298	M V	Samuel Comments of the same of	The state of the s	
	The spirit was now as a wife.	425,768.	to the same residence of the	
7 Cepital gain net income (from Part IV, Itna 2) 8 Net short-term capital gain		1953 1 - 16 - 1 ·	The state of the s	
9 Income modifications	mik = 3	The state of the s		
10a and allowances	-	a should be seen	C Take "Mageer o	
D Less: Cost of goods sold			- 14 G No. 1	
c Gross profit or (loss)	[2]		<u> </u>	The state of the s
11 Other Income COLUMN				The second second
12 Total Add lines 1-through-TT	857,121.	551,496.		College Control
18 Compensation of officers, directors, trustees, etc.	0.	0.		PIECENO.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				36,7 20 2011
b Accounting fees				
e Other professional fees	<u> </u>			IRS - PHILA
17 Interest	12 782	- 5 PAR	<u> </u>	1086
10 laxes STRT 2	14,704.	3,632.		0.
19 Depreciation and depletion				4
20 Occupancy				
22 Printing and publications				ļ <u>.</u>
22 Printing and publications 23 Other expenses STMT 3	59,830.	59,830.		0.
24 Total operating and administrative	32,030.	39,030.		
expenses. Add lines 13 through 23	74,534.	63,462.		0.
b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from fine 12: a Excess of revenue over expenses and disbursements. Net investment leading for the second of the s	240,000.	03,4021		240,000.
26 Total expenses and disbursements.		<u> </u>		240,000.
Add lines 24 and 25	314,534.	63,462.		240,000.
27 Subtract line 26 from line 12:		00,72021		220,000.
Excess of revenue over expenses and disbursements	542,587.			-
b Net investment income (if negative, enter -0-)		488,034.		
C Adjusted net income (if negative, enter -0-)			N/A	
101 14-14 LHA For Paperwork Reduction Act Notice, see	Instructions.		-	Form 990-PF (2014)

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Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 ...

5,207,527. Form **990-PF** (2014)

Part IV Capital Gains	and Losses for Tax on Ir	rvestmen	Income					
(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sha	L, real estate, s. MLC Co.)		(5) H P - D -	ow acquired Purchase Donation	(c) Date (mo.,	acquired day, ут.)	(d) Date sold (mo., day, yr.)
18 MERRILL LYNCH				 -	DOINELD II	06/0	1/14	12/31/14
b MERRILL LYNCH				1		12/3	31/13	12/31/14
c CAPITAL GAINS	DIVIDENDS							
d								
•								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	
a								52,554.
<u>b</u>								366,916. 6,298.
c 6,298.		ļ		_+				<u>6,298.</u>
Complete eath for easts showing	a coin is solumn (h) and owned by	the foundation	an 10//1400	_+		<u> </u>		
Complete only for assets showin	g gain in column (h) and owned by				c	(I)Gains(ol (k)hut	Col. (h) gain not less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of coL (i) coL (j), if any			Losse	s (from coL	(h))
								52,554.
b		<u> </u>						366,916. 6,298.
<u>e</u>		<u> </u>						6,298.
		 		}				
0				_ +	 -			
2 Capital gain net income or (net ca	pital loss) If gain, also enter -0			. }[2			425,768.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):		٦.	Ì			
If gain, also enter in Part I, line 8,				M	_		/-	
Part V Qualification U	nder Seetlan 4040/a\de	Lockson		<u> </u>	3		N/A	
(For optional use by domestic private								
•	•	12-10(a) tax vii	Hat Historial III	IGUIIIO.	,			
If section 4940(d)(2) applies, leave th	ils part blank.							
Was the foundation liable for the sect	ion 4942 tax on the distributable am	nount of any ve	ar in the base ner	riod?				Yes X No
if "Yes," the foundation does not quali			•		***************************************	*************	••••••	,
1 Enter the appropriate amount in e				ntries.				
(a) Base period years	(b)			(c)			Dietri	(d) oution ratio
Calendar year (or tax year beginnir	ng in) Adjusted qualifying dis		Net value of no	nchart	able-use asse	ts	(col (b) di	/ided by col. (c))
2013	20	2,000.		4,	750,27	9.		.042524
2012	20	4,725.	_		209,05			.048639
2011		9,000.			092,28			.033966
2010		8,107.			041,43			.042121
2009	13	9,901.		2,	530,81	3.		.055279
6 Total of line 1 column / 1								222520
2 Total of line 1, column (d)3 Average distribution ratio for the 5	Cuppe hoop marked add the state and a				·····	2	 	.222529
	nce if less than 5 years					8		.044506
4 Enter the net value of noncharitab								5,469,901.
5 Multiply line 4 by line 3								243,443.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)				•••••	6_		4,880.
7 Add lines 5 and 6					•••••••••••••••••••••••••••••••••••••••	7	<u> </u>	248,323.
	Part XII, line 4line 7, check the box in Part VI, line					8	<u> </u>	240,000.
See the Part VI instructions.								000 DE (0044)

	n 990-PF (2014), THE OVERTON FAMILY FOUNDATION LITTLE Excise Tax Based on Investment Income (Section 4940(a	1 <u>404</u>	0/6) 4040/	a) of A	20-(00810	41		Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter			", 01 "	-10 -	866 III) LT LL L	SHO	18)
	Date of ruling or determination letter: (attach copy of letter if necess			1 1					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and and	niisuucuons) ootos 194	\	<u>خيم داد</u> 1	-	,c	7	61.
•	of Port I No. 07h		GIIUFI 176	r 1				, ,	01.
	or Part 1, line 276. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	Dort I lin	ne 12 col /h\						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other				2		- C-12-13-13-13-13-13-13-13-13-13-13-13-13-13-		Ô.
	Add lines 1 and 2	3 911101 ~			3			7	<u>61.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	s enter -	·····		4			<u>,,,</u>	0.
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	0 011-04	•,	····· }	5			7	61.
6	Credits/Payments;			********	اخت				
		6a	6.	480.					46
	<u> </u>	6b							
		Вс	<u> </u>	000.					
		6d							3
7	Total credits and payments. Add lines 6a through 6d				7	<u> </u>	19	. 4	80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	d		·····	8				53.
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		9	. 6	66.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax		666 . Refu	ided >	11				0.
4,00	in VII.A. Statements Regarding Activities								
14	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did	it participate or	intervene	ln		(語)	/es	No
	any political campaign?						18		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	(see instr	ructions for the	definition)	?		16		X
	If the answer is "Yes" to 18 or 1b, attach a detailed description of the activities and co	opies of	any materials	publishe	d or				
	distributed by the foundation in connection with the activities.								
	Did the foundation file Form 1120-POL for this year?						10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) Imposed during the yea							7	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶			0.				,	
	Enter the reimbursement (If any) paid by the foundation during the year for political expenditure	tax Impo	osed on foundat	ion					
	managers. ▶ \$0 .								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					[_	2 '		X
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instr					1		2	1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					L	3_		X
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• • • • • • • • • • • • • • • • • • • •		••••			fa		X
_b	If "Yes," has it filed a tax return on Form 990-T for this year?				<u> </u>	<u>A</u> _4	<u> </u>		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		••••••				5		X
_	If "Yes," attach the statement required by General Instruction T.							02 go.	道
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	:							
	By language in the governing instrument, or		_						
	By state legislation that effectively amends the governing instrument so that no mandatory directions in the companies i								
_	remain in the governing instrument?				• • • • • • • • • • • • • • • • • • • •	<u> </u> _'		X	
1	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comple	te Part	il, col. (c), and	Part XV	•••••		7	X	
•	Polarith white the shirt the form of the same of the s	_							S
48	Enter the states to which the foundation reports or with which it is registered (see instructions)								NA.
	VA								
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn	ley Gener	rai (or designate)					3.46
	of each state as required by General Instruction G? If "No," attach explanation	40.654	······································			_8	lb	X	
ð	Is the foundation claiming status as a private operating foundation within the meaning of section					<u></u>	د (🖛	=	**************************************
10	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," corrections for Part XIV)? If "Yes," corrections for Part XIV)? If "Yes," attach a schedule list	Hete Pa	π ΧΙΥ			_	-	-	X
	DIG STIT PRODUIT DECENT AUGUSTICAL CONTRIBUTION OF THE STITLE STATE AND A SCHEDULE (SC	and their n	armen and address	48		1 1	0	- 1	•

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		-0081	041		Page 5
12	int.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)				x
10	Did the foundation make a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over which the foundation are a distribution to a depart advised fund over the fundation of the fundation of the foundation are a distribution to a depart advised fundation and the fundation are a distribution to a depart advised fundation and the fundation are advised fundation and the fundation are advised fundation and the fundation are advised fundation at the fundation and the fundation are advised fundation and the fundation are advised fundation at the fundation and the fundation are advised fundation and the fundation and the fundation are advised fundation and the fundation and the fundation are advised fundation and the fundation are advised fundation and the fundation are advised fundation and the fundation and the fundation are advised fundation and		11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory priviles if "Yes," attach statement (see instructions)		12		x
19	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13		X
	Website address > N/A	··· ······	_13]		
14	The books are in care of ► ALTON S OVERTON Telephone no. ► (7571	935	-90	70
	Located at ► 5859 HARBOUR VIEW BLVD., SUITE 300, SUFFOLK, VA ZIP.	<u>4 ►23</u>	435		<u>··</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	- P <u>=-</u>		—	ŢŢ
	and enter the amount of tax-exempt interest received or accrued during the year	1	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?	J	16]	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly-TD F 90-22.1). If "Yes," enter the name of the	e —			
	foreign country				
P	httv/II-Bi 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.		, j	Yes	No
14	During the year did the foundation (either directly or indirectly):	į			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	K No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	- {	
	a disqualified person?	No I			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	K No		.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	K No	i		ì
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1	
	for the benefit or use of a disqualified person)?	₹ No	İ		
	(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	1		ļ	
	termination of government service, if terminating within 90 days.)	√ 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		1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	I/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ □			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				ē
	before the first day of the tax year beginning in 2014?		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)):				97
•	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	7)			
	before 2014?	PI NO	ľ		
	If "Yes," list the years > Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	H		ľ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		ij		***
	· · · · · · · · · · · · · · · · · · ·	7/3			
	statement - see instructions.) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	N/A	2b		
				{	
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	i i	, ,		i i
-		27 No.	l)		4 44
h	during the year? Yes If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	P WA			
U	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,	' !		3	4.2
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	7/A			<u> </u>
4.	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	₩ 8. }	3b		x
70. h	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	h	4	×. 1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		Ah .		TY Y
			70 1		

Form **990-PF** (2014)

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

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Part VIII information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part X Summary of Direct Charitable Activities		🗾
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc	al Information such as the sed, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total Add lines 1 through 3		0.

Form **990-PF** (2014)

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XII Undistributed Income (see instructions)

Form 990-PF (2014) 1

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				263,734.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			231,070.	
b Total for prior years:				· · · · · · · · · · · · · · · · · · ·
,,		0.		
8 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
e From 2011	1			
dFrom 2012				
eFrom 2013			ĺ	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: > \$ 240,000.	}			
a Applied to 2013, but not more than line 2a			231,070.	
b Applied to undistributed income of prior	1			
years (Election required - see instructions)		0.		·
Treated as distributions out of corpus	<u>, 1</u>			,
(Election required - see instructions)	0.			· · · · · · · · · · · · · · · · · · ·
d Applied to 2014 distributable amount			<u> </u>	8,930.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6. Enter the net total of each column as indicated below:				!
& Corpus. Add lines 3f, 4c, and 4e, Subtract line 6	0.			I
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
e 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		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions	ĺ	0.		,
e Undistributed Income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.	}		0.	
'f'Undistributed income for 2014, Subtract	····			
lines 4d and 5 from line 1. This amount must			Ì	
be distributed in 2015	į		;	254,804.
7 Amounts treated as distributions out of		·····		202/0021
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	!	·	;	
may be required - see instructions)	0.	}	İ	I
8 Excess distributions carryover from 2009			 	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	-			
Subtract lines 7 and 8 from line 6a	0.		[
IO Analysis of line 9:				
a Excess from 2010			1	
b Excess from 2011				
e Excess from 2012				
d Excess from 2013		1		
e Excess from 2014			Ţ	
2366 1-24-14		·		Form 000 DE (2014)

	RTON FAMILY				81041 Page 10					
Part XIV Private Operating				N/A						
1 a if the foundation has received a ruling (
foundation, and the ruling is effective to										
b Check box to indicate whether the foun		ng foundation described		4942(j)(3) or49	942(j)(5)					
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years							
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total					
investment return from Part X for										
each year listed										
b 85% of line 2a										
e 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										
8 Complete 3a, b, or c for the			 	-						
alternative test relled upon:										
a "Assets" alternative test - enter:										
(1) Value of all assets		<u> </u>	 							
(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				1						
Support alternative test - enter:			· · · · · · · · · · · · · · · · · · ·							
(1) Total support other than gross										
investment income (interest,										
dividends, rents, payments on										
securities loans (section 512(a)(5)), or royalties)										
(2) Support from general public				·						
and 5 or more exempt										
organizations as provided in										
section 4942(j)(3)(B)(iii)			ļ							
(3) Largest amount of support from					ł					
an exempt organization			, 							
(4) Gross investment income	4 /8				<u> </u>					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets					
at any time during		uctions.)								
1 Information Regarding Foundation					-					
 List any managers of the foundation wi 	no have contributed more	than 2% of the total cor	tributions received by t	ne foundation before the clo	se of any tax					
year (but only if they have contributed i	nore than \$5,000). (See s	ection 507(d)(2).)								
NONE										
b List any managers of the foundation wi	to own 10% or more of th	e stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or					
other entity) of which the foundation ha	is a 10% or greater interes	s t .								
NONE										
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., F	rograms:		·					
Check here 🕨 🛣 If the foundation	only makes contributions t	o preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations	under other conditions,	complete items 2a, b, c, and	l d.					
a The name, address, and telephone num	ber or e-mail address of t	he person to whom app	lications should be addr	essed:						
•										
b The form in which applications should	be submitted and informat	ion and materials they s	hould include:							
c Any submission deadlines:										
d Annuagable Manna au Bantant			hind of locate of							
d Any restrictions or limitations on award	s, such as by geographica	ii areas, charitable fields	, kinds of institutions, o	r outer factors:						
A79501 11-9A-1A	<u> </u>				Ferr 000 DE (004)					

Form **990-PF** (2014)

0,

Total

Part XV:A Analysis of Income-Producing Activities

and the same to be a finished as the same to be a same to					
Enter gross amounts unless otherwise indicated.	Unrelate (a) Business	d business income (b)	(C) Excau-	(d)	(e) Related or exempt
1 Program service revenue;	code	Amount	sion oode	Amount	function income
b		-	1 1		
· c					
d					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
8 Interest on savings and temporary cash					
investments			السلا		
4 Dividends and interest from securities			14		~- 1
5 Net rental income or (loss) from real estate;	76			REPORT OF	
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		· · · · · · · · · · · · · · · · · · ·			
than inventory			18	425,768.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
.					
			4—		
	·				
			\perp		
•					
12 Subtotal Add columns (b), (d), and (e)	San San	0	• 2	551,496.	
18 TOTAL Add line 12, Columns (D), (d), and (e)	*****		·	18_	551,496.
(See worksheet in line 13 instructions to verify calculations.)		 	_		
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	Exemp	t Purposes	
Line No. Explain below how each activity for which income	me in reported	in column (a) of Dart V/I	A contrib	urted importantly to the eccor	moliohoment of
the foundation's exempt purposes (other than			A COLIDID	idea importantly to die eccor	npiisimiem oi
V Constitution of the cons	-, , , , , , , , , , , , , , , , , , ,	The state of the s			
				<u> </u>	
	-				
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	·				
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		, ·			
		·			
423821					Form 990-PF (2014)

Form 990-PF (2				OUNDATION		20-008			ge 13
Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions	and Relations	hips With Nonch	aritable	•	
1 Did the or	rganization directly or indi	rectly engage in any	of the followin	g with any other organizati	ion described in sect	tion 501(c) of	F-10	Yes	No
the Code	(other than section 501(c))(3) organizations)	or in section 52	?7, relating to political orga	nizations?		- n-4	post,	14,844
	from the reporting founds		=					, g	1
									X
(2) Other	r assets	•••••			•••••		18(2)	- 	X
b Other tran									
(1) Sales	s of assets to a noncharita	ible exempt organiza	ation	•••••••••••			1b(1)		X
(2) Purc	hases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets		•••••	***************************************	••••••••••	15(3)	-	X
(4) Reim	bursement arrangements		•••••	••••••			. 1b(4)		X
(5) Loan	s or Ioan guarantees						1b(5)		X
(6)_Perfo	ormance of services or me	embership or fundra	ilsing solicitatio	ns	***************************************	·····	16(6)		X
				ployees					X
				idule. Column (b) should a				ets,	
				ed less than fair market val	ue in any transaction	n or sharing arrangement,	show in		
	d) the value of the goods,								
(&)Line no.	(b) Amount involved	(c) Name o		e exempt organization	(d) Descriptio	n of transfera, transactions, an	d sharing an	angenie	nta
			N/A						
	<u>_</u>			_					
									<u></u>
		<u></u>							
2a is the fou	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
in section	501(c) of the Code (other	r than section 501(c	:)(3)) or in sect	ion 527?			Yes	X	No
b If "Yes," c	omplete the following sch								= -
	(a) Name of org	panization		(b) Type of organization		(c) Description of relation	ship		
	N/A								
			<u>.</u>						
i and h	penalties of perjury, I declare	that I have examined the	its return, including	g eccompanying schedules and n texpayer) is based on all inform	statements, and to the	r ban anu kanandadan	ay the IHS C	IBCU88	his
Siğiri 🚩	/// //		opera (once and	/	*	st	turn with the 10wn below (prepar (860 irus	ar tr.)?
Here	Wedne		_ <u></u>	1 4/6/17	VICE I	PRESIDENT	X Yes		No
Sign	nature of officer or trustee			Date	Title				لــــــ
	Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check If PTIN			
			1/4	40 00	\mid / \mid	self- employed			
Paid	VICTOR R W		0	t. Cla	145/2-15	P0	1302	187	
Preparer	Firm's name ►WIL	FORE & AS	SOCIAT	ES DE		Firm's EIN ► 26-1			
Use Only	L					1			
	Firm's address ▶ 65	2 INDE	PENDENC	E PARKWAY ST	E 110	T			
	CH	ESAPEAKE,	, VA 23	320		Phone no. 757-4	56-0	111	
							orm 990	_	(2014)
									,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

T	HE OVERTON FAMILY FOUNDATION	20-0081041					
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	on					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501(c	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions by one contributor. Complete Parts I and II. See Instructions for determining a cor						
Special Rules							
sections 509(a)(1 any one contribut	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% i) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of th Z, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribution is checked, enter purpose. Do not o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year \$						
but it must answer "No" o	that Is not covered by the General Rule and/or the Special Rules does not file Sc on Part IV, line 2, of its Form 990; or check the box on line H of Its Form 990-EZ or et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

THE OVERTON FAMILY FOUNDATION

20-0081041

Part	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OVERTON FAMILY PARTNERSHIP 5859 HARBOUR VIEW BLVD SUITE 300 SUFFOLK, VA 23435	s	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM S. OVERTON 5859 HARBOUR VIEW BLVD SUITE 300 SUFFOLK, VA 23435		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OVERYORK LLC 5859 HARBOUR VIEW BLVD SUITE 300 SUFFOLK, VA 23435	 \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALTON S. OVERTON 5859 HARBOUR VIEW BLVD SUITE 300 SUFFOLK, VA 23435	 \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		 \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
472452 11.05		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE OVERTON FAMILY FOUNDATION

20-0081041

(d) No. Form Description of nonceash property given S (e) (A) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(e) No. Trom Description of noncessh property given (e) No. Trom Pert I (e) No. Trom Description of noncessh property given (e) Pert I (c) PMV (or estimate) (ee Instructions) Description of noncessh property given (e) Description of noncessh property given	No. from		FMV (or estimate)					
No. from Description of noncesh property given (a) Part I (b) FMV (or estimate) (see instructions) (c) FARV (or estimate) (see instructions) (d) Description of noncesh property given (e) S. (c) FARV (or estimate) (see instructions) (d) Description of noncesh property given (e) No. (e) Description of noncesh property given (e) No. (e) Description of noncesh property given (e) No. (e) FARV (or estimate) (see instructions) (f) Description of noncesh property given (g) FARV (or estimate) (see instructions) (e) FARV (or estimate) (see instructions) (f) Description of noncesh property given (g) FARV (or estimate) (see instructions) (g) Description of noncesh property given (g) FARV (or estimate) (see instructions) (g) Description of noncesh property given (g) No. (e) FARV (or estimate) (see instructions) (g) Description of noncesh property given (g) FARV (or estimate) (see instructions) (g) Description of noncesh property given (g) FARV (or estimate) (see instructions)			\$	٠				
(a) No. from Description of noncesh property given	No. from		FMV (or estimate)					
No. from Part I (a) Description of noncash property given (b) FMV (or estimate) (see Instructions) (c) FMV (or estimate) (d) Date received (d) Date received (e) No. (b) FMV (or estimate) (see Instructions) (a) Description of noncash property given (a) No. (b) FMV (or estimate) (see Instructions) (a) No. (c) FMV (or estimate) (see Instructions) (d) Date received (e) FMV (or estimate) (see Instructions) (d) Date received (e) FMV (or estimate) (see Instructions) (a) Description of noncash property given (a) No. (c) FMV (or estimate) (see Instructions) (d) Date received			\$					
(a) No. from Part I Description of noncash property given \$	No. from		FMV (or estimate)					
No. from Part I Description of noncash property given S			\$					
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received	No. from		FMV (or estimate)					
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I Description of noncash property given Part I (c) FMV (or estimate) (see instructions) (d) Date received Date received			\$					
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (see Instructions) Date received	No. from		FMV (or estimate)	(d) Date received				
No. from Description of noncash property given (see Instructions) Cool (d) FMV (or estimate) (see Instructions) Date received			\$					
	No. from		FMV (or estimate)					

Name of orga	inization		Employer identification number			
	ERTON FAMILY FOUNDATION	N	20-0081041			
Sartill,	Exclusively religious, charitable, etc., continue year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000	ed in section 501(c)(/), (8), or (10) that total more than \$1,000 for flowing line entry. For organizations O or less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g				
	Transferee's name, address, a	•	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
· 						
		(e) Transfer of g	jift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
:						
(a) No. from Part 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·						
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee			
-			. resultation for it districts for the district on			

8 Grants and Contributions Paid During the	<u></u>			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Consideration	
	L			
MOODY ADAMS EVANGELISTIC ASSOCIATION	I/A		DUTREACH MINISTRIES	
11715 BRICKSOME AVE B-3 BATON RUGE, LA 70816				E ^^
BATOR ROGE, MA 70010				5,000
NELLY'S HOUSE INC	N/A		DUTREACH MINISTRIES	
P O BOX 656	-		1	
SIMPSONVILLE, SC 29681				- 1 0, 0 00
PRD, INC				
448 THISTLEY LANE	N/A		DUTREACH MINISTRIES	
CHESAPEARE, VA 23322		<u></u>		15,000
RIVER OAK CHURCH	N/A		DUTREACH MINISTRIES	
140 KEMPSVILLE ROAD			1	
CHESAPEAKE, VA 23320			 	20,000
SEMILLA	N/A		TRAINING AND RESOURCES	
2461 MOSSWOOD LANE	[,		OUTREACH MINISTRIES	
SANTA CLARA, CA 95051			 	5,000
STONEBRIDGE SCHOOL	7/3			
1629A JOLLIFF RD	N/A		TRAINING AND RESOURCES DUTREACH MINISTRIES	
CHESAPEARE, VA 23321			DUTREACE HIRISTRIES	20,000
MATIONAL CENTER FOR FATHERING 10200 W. 75TH STREET STE 267	N/A		TRAINING AND RESOURCES	
SHAWNEE MISSION, KS 66204			OUTREACH MINISTRIES	5,000
MISSIONS OF HOPE, INC.	N/A			
9360 W FLAMINGO ROAD STE 110-122				
LAS VEGAS, NV 89148			TRAINING AND RESOURCES	
	 		OUTREACH MINISTRIES	20,000
Westminister reformed presbeterian	N/A			
3488 GODWIN BLVD			OUTREACH MINISTRIES	
SUFFOLK, VA 23434	 		+	25,000
PATRIC TER				
YOUNG LIFE PO BOX 520	N/A		DUTREACH MINISTRIES	
COLORADO SPRINGS, CO 80901				20,000
Total from continuation sheets				145,000

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUE	RITIES S	TATEMENT	1
GROSS AMOUNT	CAPITAL GAINS DIVID EN D	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME		
MERRILL LYNCH - 132,02	6. 6,29	8. 125,728	125,728.	,	
TO PART I, LINE 4 132,02	6. 6,29	8. 125,728	125,728		
FORM 990-PF	TAX	ES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FOREIGN TAXES INCOME TAXES LICENSE	3,632. 11,047. 25.	3,632. 0. 0.			0.
TO FORM 990-PF, PG 1/0/ LN 18	14,704.	3,632.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
DESCRIPTION INVESTMENT MANAGEMENT FEES	EXPENSES	NET INVEST-	ADJUSTED	CHARITA	
INVESTMENT MANAGEMENT FEES	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED	CHARITA	es
INVESTMENT MANAGEMENT FEES	PER BOOKS 59,830.	MENT INVEST- MENT INCOME 59,830.	ADJUSTED NET INCOME	CHARITA	0.
INVESTMENT MANAGEMENT FEES TO FORM 990-PF, PG 1, LN 23	EXPENSES PER BOOKS 59,830. 59,830. OTHER INV	NET INVEST- MENT INCOME 59,830. 59,830. ESTMENTS	ADJUSTED NET INCOME	CHARITAI PURPOSI	0. 0. 4
INVESTMENT MANAGEMENT FEES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	EXPENSES PER BOOKS 59,830. OTHER INV	NET INVEST- MENT INCOME 59,830. 59,830. ESTMENTS LUATION ETHOD BOO	ADJUSTED NET INCOME	CHARITAI PURPOSI STATEMENT	0. 0. 4

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052 2014

(Sections 170(f)(10), 684(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4985, 4986, and 4987) Department of the Treasury Internal Revenue Service Information about Form 4720 and its separate instructions is at week its govificom 4720 - wear healinning 2014, and ending For calendar year 2014 or other tax year beginning

TOT GENERAL YO	at 2011 of other tax your beginning	, 20 14, at	य सावास्त्र	·	
Name of organi	zation or entity			Employer	identification number
THE OVE	RTON FAMILY FOUND	ATION		20-0	081041
	and room or suite no. (or P.O. box if m			Check box	for type of annual return:
	RBOUR VIEW BLVD.,			Forr	n 990 🔲 Form 990-EZ
	ate or province, country, and ZIP or for	eign postal code		X For	n 990-PF
SUFFOLE	(, VA 23435			Forr	n 5227
					Yes No
A is the orga	nization a foreign private foundation wil	thin the meaning of section 4948(b)?			X
B Has correc	tive action been taken on any taxable ev	ent that resulted in Ch. 42 taxes bein	g reported on this form? (Enter "N/A" i	not applica	nble) N/A
if "Yes," att	ach a detailed description and documer	ntation of the corrective action taken a	ınd, if applicable, enter the fair market	value of any	property recovered as a
	e correction > \$. If "No," (i.e., any uncorrec	ted acts or transactions), attach an exp	lanation (se	e instructions).
Part 1	Taxes on Organization (Sect	lons 170(1)(10), 664(c)(2), 4911(a), 4912(a), 44	342(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4 959 , 4 96 8	5(a)(1), and 4988(a)(1))
1 Tax on u	indistributed income - Schedule B, line -	4	***************************************	1	
2 Tax on e	xcess business holdings - Schedule C,	line 7	•••••	2	
8 Tax on in	rvestments that jeopardize charitable pu	irpose - Schedule D, Part I, column (i	a)	8	
4 Tax on to	axable expenditures - Schedule E, Part I	, column (g)		4	
5 Tax on p	olitical expenditures - Schedule F, Part	l, column (e)	MEUELVEU	5	
6 Tax on e	xcess lobbying expenditures - Scheduk	e G, line 4	100	<u>8</u>	
7 Tax on d	exable expenditures - Schedule E, Part I colitical expenditures - Schedule F, Part excess lobbying expenditures - Schedule disqualifying lobbying expenditures - Sc	hedule H, Part I, column (e) 🖟	ខ្លុំ↓uun ៙ ៙ 3017\Ω្L	7	
e isozonih	remiums paru on personal cenem com	acis	167	8	
9 Tax on b	eing a party to prohibited tax sheiter tra axable distributions - Schedule K, Part I	nsactions - Schedule J, Part I, colum	n(h)	9	
10 Tax on to	exable distributions - Schedule K, Part I	, column (f)	(UKS)UKIKI KALA	10	
11 Tax on a	charitable remainder trust's unrelated t	ousiness taxable income. Attach state	ment	11	
	ailure to meet the requirements of section				
13 Total (ac	1d lines 1 - 12)	B -1 B' 110 1 B		13	
Part II-A			ersons, Donors, Donor Ad		and Related Persons
(e) Na	me and address of person subject to ta	(a)(2), 4945(a)(2), 4955(a)(2), 495	8(a), 4965(a)(2), 4966(a)(2), and 49)67(a))	payer identification number
	The district desired of person subject to the	coly of wiffi, state of province, cou	illuy, zir or loreign postar code	(0) 10	payer identification flurities
<u>-</u>				 - -	
<u> </u>	(c) Tax on serr-dealing -	(a) Tax on investments that	(e) Tax on taxable expenditures -	//0 To	on political eventuality res
	Schedule A, Part II, col. (d), and Part III, col. (d)	jeopardize charitable purpose - Schedule D, Part II, col. (d)	Schedule E, Part II, coL (d)		con political expenditures - hedule F, Part II, col. (d)
	and rattin, out (u)	Concount D, 1 art 11, col. (u)		+ -	
-					
	 		 	+	
Total			 	 	
	(g) Tax on disqualifying lobbying	(h) lax on excess benefit	(i) Tax on being a party to prohibite tax shelter transactions - Schedule	(i) Ta	x on taxable distributions -
	expenditures - Sch H, Part II, col (d)	transactions - Schedule I, Part II, col (d), and Part III, col. (d)	. tax shelter transactions - Schedule . Part II, col. (d)	J, Sci	nedule K, Part II, col. (d)
1			· m - nl man (m)	 	
<u>-</u>				+	
C				 	
Total				+	
	(k) Tax on prohibited benefits - Sch L,			/I) Total	- Add onle (a) through (b)
	Part II, col. (d), and Part III, col. (d)			(1) 1018	l - Add cols. (c) through (k)
<u>-</u> b					
<u> </u>					
Total					
424061 11-24-14 LHA	For Privacy Act and Paperwork Red	uction Act Notice, see the separate	nstructions.		Form 4720 (2014)

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a description in the		nary of Taxes (See Tax Paym					
		ı Part II-A, column (I), that apply to mana		-			
•	•	r advisors, and related persons who sign					
	amount from Part				•••••••••••••••••••••••••••••••••••••••	1 2	
2 Total	i lax. Aud Fa it i, ii I navmente includi	ne 13, and Part II-B, line 1 ng amount paid with Form 8868 (see insi	mietione)		••••••	3	
4 Tax	due, if line 2 is lar	ger than line 3, enter amount owed (see i	nstructions)			4	0.
5 Over	payment. If line 2	is smaller than line 3, enter the difference	B. This is your m	fund		5	
		SCHEDULE A - II	nitial Taxe	on Self-Dea	ling (Section 4941)		
Parti	Acts of	Self-Dealing and Tax Comp	outation				
(a) Act number	(b) Date of act			(c) Description	n of act		
	Ulact						
1 2							
3							
4							
- 5						·	
(d) Question numbe	r from Form 990-PF, Part VII-B, or	(a) Amount	involved in act	(f) Initial tax on self-	(g) Tex on foundation (if applicable) (lesser or	
	Form 5227, Pa	art VI-B, applicable to the act	(e) Aniodin	I III ACL	dealing (10% of col. (e))	or 6% of cal. (
							
							
Part I	Summe	ry of Tax Liability of Self-De	ealers and	Proration of	Payments		
		Names of self-dealers liable for tax		(b) Act no. from	(c) Tax from Part I, col. (f),	(a) Sen-dealer's to liability (add amounts	TRAITENC
	(4)	Addition of Self-Georgia Hebie for the		Part I, col. (a)	or prorated amount	(see instructio	NS)
				-			
						_	
				-		-	
				-			
				ļ			
Part-I	III Cumma	ry of Tax Liability of Found	odion Mone	com and Du	andian of Daymanta		
Semi f.			ALION IVIENTE	(b) Act no. from	(c) Tax from Part I, col. (g),	(0) Manager's total to	ax Hability
	(a) Name	s of foundation managers liable for tax		Part I, col. (a)	or prorated amount	(add amounts in c (see instructio	:ol. (c))
						1000	
						3	
		- 					
							
						4	
				 			 ,
				 		┪	
						┪	
		SCHEDULE B - Initia	I Tax on U	ndistributed	Income (Section 4942)		
1 Un	distributed incom	e for years before 2013 (from Form 990-				1	
2 Un	distributed incom	e for 2013 (from Form 990-PF for 2014, I	Part XIII, line 6e)		2	
		ncome at end of current tax year beginning	•	•			
un 	der section 4942 (add lines 1 and 2)				8	
4 18	x - Enter 30% of li	ne 3 here and on Part I, line 1				4 Form 4	7987981A\

Page 3

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Business	Holdings and	Computation of Tax						
Employer Identification number Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, stc.) Value	-	=		attach a	separate schedule fo	r each e	enterprise. Refer to the ins	tructions for	
Employer identification number Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, stic.) (a) (b) (c) (c) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (explain interest) (explain inter									<u>=</u>
Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)			_						
Foundation holdings in business enterprise	Employer ider	ntification number					>		
Volue of cocks (profits interest or beneficial interest)	Form of enter	prise (corporation, par	tnership, trust, joint venture, sole prop	rietorship					
1 Foundation holdings in business enterprise 2 2 Permitted holdings in business enterprise 2 3 Value of excess holdings in business enterprise 3 4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (latent) statement) 4 5 Taxable excess holdings in business enterprise 4 6 Tax Enter 10% of line 5 7 Total tax Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7 Total tax Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part I Investments and Tax Computation (b) Date of investment (e) Description of Investment (d) Amount of investment investment (e) Description of Investment (n) (l)% of col. (d)) 1					Voting stock (profits Interest	or		Nonvoting	stock
2 Permitted holdings in business enterprise 2 3 Value of excess holdings in business enterprise 3 4 Value of excess holdings in business enterprise 4 5 Taxable axcess holdings business soldings not subject to section 4943 tax (attach statement) 4 6 Taxable axcess holdings in business holdings in business enterprise - line 3 minus line 4 6 Taxa- Enter 10% of line 5 7 Total tax - Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2 7 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part I Investment (e) Description of Investment (d) Amount of investment (e) Description of Investment number (e) Description of Investment (f) Amount of investment (f) (h) tata of investment number (f) (h) tata of linestment (f) (h) tata of linestment (f) (h) tata of linestment (f) (h) tata of linestment (f) (h) tata of linestment (f) (h) tata of linestment (f) (h) tata of linestment (f) (1 Foundation	on holdings in busines	s enterprise	1				la -	
4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax clitaths istatement) 5 Taxable excess holdings in business enterprise - line 3 minus line 4 6 Tax - Enter in 63 minus line 4 6 Tax - Enter in 63 minus line 4 6 Total fax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part II Investments and Tax Computation (a) Investment (b) Dats of investment (c) Description of Investment investment (d) Amount of investment (l) Initial tax on foundation managers (if applicable) or 10% of col. (d) or 10% of col. (d) or 10% of col. (d) 1	2 Permitted	d holdings in business	enterprise	2					3
deys; or, other value of excess holdings not subject to section 4943 tax (attach statement) 5 Taxable excess holdings in business enterprise - line 3 minus line 4 6 TaxEnter 10% of line 5 7 Total taxAdd amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) [Part 1] Investments and Tax Computation (d) Amount of investment (e) Date of investment (e) Description of investment (f) Amount	3 Value of o	excess holdings in bus	siness enterprise	8					
subject to section 4943 tax (attach statement) Taxable excess holdings in business enterprise - line 3 minus line 4 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 Total tax - Add amounts and Tax Computation (a) Investment (b) Data of investment (c) Description of investment (d) Amount of investment (e) Description of investment (d) Amount of investment (i) Finitial tax on foundation (i) For cot. (d)) (ii) C of cot. (d)) (iii) C of cot. (d) (iii) C		•							
enterprise - line 3 minus line 4 8 Tax - Enter 10% of line 5 7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part I Investment and Tax Computation (a) Investment (b) Date of investment (e) Description of investment (e) Description of investment (n) Investme	subject to	o section 4943 tax (att	ach statement)	4					
8 Tex - Enter 10% of line 5 7 Total tex - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 7 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part 1 Investments and Tax Computation (a) Investment (b) Date of investment (c) Description of investment (d) Amount of investment (number investment (e) Description of investment (e) Description of investment (number inve		_		5					
7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2 SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part I Investments and Tax Computation (a) Investment (b) Date of investment (c) Description of investment (d) Amount of investment (10% of col. (d)) (b) Date of investment (lo) Description of investment (lo) Date of investment (10% of col. (d)) Total - Column (e). Enter here and on Part I, line 3 Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below. (a) Names of foundation managers liable for tax (b) Investment (c) Tax from Part I, col. (f), or prorated amount (lo) (see instructions)							1		
SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944) Part Investments and Tax Computation (a) Investment (b) Data of investment (e) Description of Investment (e) Description of Investment (f) Investment (f) Initial tax on foundation (10% of col. (d)) 1 2 3 4 6 6 7 7 10% of col. (d) 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				6					
Investment (e) Description of Investment (e) Description of Investment (d) Amount of investment (e) Description of Investment (e) Description of Investment (d) Amount of investment (n) I				7					
(a) Names of foundation managers liable for tax (b) Date of investment (c) Description of Investment (d) Amount of investment (d) Amount of investment (d) Amount of investment (d) Amount of investment (d) Amount of investment (d) Amount of investment (d) Inves		SCHEDULE I	D - Initial Taxes on Investm	nents	That Jeopard	ize C	haritable Purpos	6 (Section 4944)	
Investment number (e) Description of Investment (d) Amount of investment on foundation (10% of col. (d)) (e) Description of Investment (d) Amount of investment on foundation (10% of col. (d)) (e) Description of Investment (d) Amount of investment on foundation (10% of col. (d)) (e) Description of Investment (e) Description of Investment (e) Description of Col. (d)) (e) Description of Investment (e) Description of Investment (e) Description of Col. (d) (e) Description of Investment (e) Description of Col. (d) (f) Description of Investment (e) Description of Col. (d) (e) Description of Investment (e) Description of Col. (d) (f) Description of Investment (f) Investme	Police	Investments	and Tax Computation		-				
Total - Column (e). Enter here and on Part I, line 3 Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below. Part II Summary of Tax Liability of Foundation Managers and Proration of Payments (a) Names of foundation managers liable for tax (b) Investment no. from Part I, col. (1), or prorated amount (add amounts in col. (c)) (see instructions)	Investment		(e) Description of Investment			f	on foundation	managers (if a	pplicable) - :10,000
Total - Column (e). Enter here and on Part I, line 3 Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below. Part 11 Summary of Tax Liability of Foundation Managers and Proration of Payments (a) Names of foundation managers liable for tax (b) Investment no from Part I, col. (f), or prorated amount (add amounts in col. (c)) (see instructions)		 					 		
Total - Column (e). Enter here and on Part I, line 3 Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below. Part II Summary of Tax Liability of Foundation Managers and Proration of Payments (a) Names of foundation managers liable for tax (b) Investment no. from Part I, col. (f), or prorated amount (add amounts in col. (c)) (see instructions) (c) Tax from Part I, col. (f), or prorated amount (see instructions)									
Total - Column (e). Enter here and on Part I, line 3 Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below. Part II Summary of Tax Liability of Foundation Managers and Proration of Payments (a) Names of foundation managers liable for tax (b) Investment no. from Part I, col. (f), or prorated amount (add amounts in col. (c)) (see instructions) (c) Tax from Part I, col. (f), or prorated amount (see instructions)	4	-					 		
Summary of Tax Liability of Foundation Managers and Proration of Payments (a) Names of foundation managers liable for tax (b) Investment no. from Part I, or prorated amount (add amounts in col. (c)) (see instructions) (c) Tax from Part I, or prorated amount (see instructions)	Total - Colum								- 建聚丁宁
(a) Names of foundation managers liable for tax (b) Investment no. from Part I, col. (f), or prorated amount (see instructions) (c) Tax from Part I, col. (f), or prorated amount (see instructions)	Total - Colum	in (f). Enter total (or pr	rorated amount) here and in Part II, col	итл (c),	below	<u></u>			
col. (a) Of professional (see instructions)	Part II	Summary of	Tax Liability of Foundation	Man	_	ratio	n of Payments		
		(a) Names of fou	ndation managers liable for tax		(b) Investment no. from Part I, col. (a)			(d) Manager's total (add amounts in (see instructi	tax liability col. (c)) ions)
					 				
					 				
								1	
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SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part	Expenditures a	nd Computa	tion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of	recipient		(e) Description of exp for whi	enditure and purposes ch made	
1								
2								
8 -								
5								
(f) Question	number from Form 990- 7, Part VI-B, applicable to	PF, Part VII-B, or the expenditure	(g) Initial tax imposed on f (20% of col. (b))	oundation		(h) initial tax imposed on foundation managers (if applications of section (lesser of \$10,000 or 5% of col. (b))		
Total - Colug	nn (g). Enter here and on							
	m (8): Euro note and on							
Total - Colun below	nn (h). Enter total (or pro	rated amount) here	and in Part II, column (c),					
Partill			Foundation Managers a			of Payments c) Tax from Part I, col. (h),	(0) Manager's total tax liability	
	(a) Names of foundation managers liable for tax		s liable for tax	Part I, col. (a	B) (B)	or prorated amount	(add amounts in col. (c)) (ase instructions)	
					-			
.— ·					\dashv			
_								
							L	
			- Initial Taxes on Politic	al Expend	litur	'es (Section 4955)		
Part	Expenditures a (b) Amount	(c) Date paid or incurred	(d) Description of political exq	penditure	(e	tritial tax imposed on enization or foundation (10% of col. (b))	(f) initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/96 of col. (b))	
1				-				
2								
8								
4								
_ 6		<u> </u>						
<u> Total - Colur</u>	nn (e). Enter here and on	Part I, line 5						
Total - Colur Part II			and in Part II, column (c), below	n Managara		Proceeding of Bosses		
rate III.		s of organization m				(e) Tax from Part I, col. (f). (d) Manager's total tax lizibility	
	founda	tion managers liab	le for tax	Part I, col	. (a)	or prorated amount	(sadd amounts in col. (c)) (see instructions)	
			 					
							_	
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	·	SCHEDULE G	- Tax on Excess Lob	bying Expen	diture	98 (Section 4911)			
Part 2 Exce	li-A, column (b), line 1h). ss of lobbying expenditur	(See the instruction es over lobbying no	s nontaxable amount (from Scho s before making an entry.) ntaxable amount (from Schedule before making an entry.)	C (Form 990 or 9	190-EZ),		1 2		
	ble lobbying expenditures - Enter 25% of line 3 here		line 1 or line 2				8		:
_ 			xes on Disqualifying						
Part I	Expenditures	and Computa	tion of Tax						
(a) item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	expenditures	(e) organiz	Tax imposed on ation (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)- (5% of col. (b))		
1		 			<u> </u>		╀╌		
3							╁		- ==
4							1		
5							1-		
Total - Colu		rated amount) here	and in Part II, column (c), below						_
Part I	Summary of T	ax Liability of	Organization Manag				_	(4)	
	(a) Names of org	anization managers	liable for tax	Part I, col. (a)		r from Part I, coL (f), prorated amount	'	(0) Manager's total ta: (add amounts in or (see instruction	d. (c))
	 						† -		
	sc	HEDULE I - Ir	nitial Taxes on Excess	Benefit Tra	nsact	ions (Section 495	58)		
Part 1		it Transaction	s and Tax Computati	on					
(a) Transactio number	n (b) Date of transaction			(c) Description of	transact	ion			
1									
2	- 								
- 8									
	 								
	(e) Initial tax on			disqualified persons of col. (d)) (f) Tax on organization managers (if applic (lesser of \$20,000 or 10% of col. (d))				icable)))	

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Z. I A M		mposed on Entity Managers (See	ction 4965) Continu	ed						
		(8) Name of entity manager		ถน	Transaction amber from art I, col. (a)	transact	enter \$20,000 for each ion listed in col. (b) for manager in col. (a)	(d) Manager's t liability (add an in ool. (c)	10unte	
								l		
										
						 -			<u>-</u>	
	<u></u>									
						 				
								<u> </u>		
	SCHE	DULE K - Taxes on Taxable Dis	tributions of S dvised Funds					ning Donor		
Part 1	Taxa	ble Distributions and Tax Comp		COCCIO	11 4900j. 388	uio iiisu u	COOTIS.			
(a) Item		(b) Name of sponsoring organization and								
number 1		donor advised fund					7 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			
<u> </u>										
2										
8					 					
4										
(d) Date	e of	(e) Amount of distribution		nposed on organization ((g) Tax on fund managers (lesser of 5%		
distribu	tion	(a) Altibulit of the problem (b)	(20	% of c	Ol. (8))		of coL	(e) or \$10,000)		
 -			 							
Total - Colum	10 Feb	r ham and an Port I line 10						- 3 T **	-=	
		er here and on Part I, line 10er total (or prorated amount) here and in Part II	l, column (c), below						 	
		mary of Tax Liability of Fund Ma					ts			
		(a) Name of fund managers liable for tax			Item no. from art I, cal. (s)		x from Part I, col. (g) prorated amount	(d) Manager's total (add emounts in (see instruct	col. (c))	
				<u> </u>						
						 				
										
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	SCHEDULE L -	Taxes on Pro	hibited Benefits Distrib See the instruc		nor Advised Funds	Section 4967).
	Prohibited Be	nefits and Tax	Computation			
(a) item number	(b) Date of prohibited benefit		(c) Desc	cription of benefit		
1						
2						
3						
4						
5	<u></u>	<u> </u>				
((d) Amount of prohibited benefit (see instructio		(125% of col. (d)) ns)	(f) Tax on fund manage 10% of col. (d) or \$1	rs (if applicable) (lesser of 0,000) (see Instructions)	
						
					<u> </u>	
Part	Summary of 1	Tax Liability of	Donors, Donor Adviso	rs, Related Po	ersons and Proratio	n of Payments
	(8) Names of donors, donor advisor, or related persons liable for tax			(b) Item no. from Part I, col. (a)	(C) Tax from Part I, col. (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (e)) (see instructions)
Partill	Tax Liability of	of Fund Manag	ers and Proration of P	ayments		
Partilli Tax Liability of Fund Managers and Proration of Particle (a) Names of fund managers liable for tax			(b) item no. from Part I, col. (a)	(C) Tax from Part I, ool, (f) or proreted amount	(d) Fund managers total tax liability (add amounts in col. (c) (see instructions)	

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Schedule M - Tax on Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(rl(3)). (See instructions.)

		11 OTTO (3000015 4839 8110 30 (()(0))- (30		
国上 了4	Name of Hospital Facility	and Summary of Fallure to Meet S	ection 501(r)(3)	
(a) item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
- 5				
Part	Computation of Tax			
1 Nu	mber of hospital facilities operated by the hos	spital organization that failed to meet the Community		
He	aith Needs Assessment requirements of secti	on 501(r)(3)	1	
2 Ta	x - Enter \$50,000 multiplied by line 1 here an	d on Part I, line 12	<u>2</u>	

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Form 4720 (2014)

CHESAPEAKE, VA 23320

OM 4/20 (12)	(14) ATTE CARLON LY	STD1 FOOMPWITON			20 1	200T	<u> </u>	raye IU	
٠	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known and the preparer has a preparer has any known and the preparer has a preparer has a preparer has a preparer has a preparer has a preparer has a preparer has a preparer has a preparer has a preparer has								
		k7-	ICE PRESI	חצאייי			1		
	Signature of officer or trustee		ICE PRESI	Title			<u> </u>	Date	
				_					
	Signature (and organization or entity name or related person	f applicable) of manager, self-dealer, disq	ualified person, don	or, donor a	advisor,			Date	
Sign Here							_		
пеге	Signature (and organization or entity name or related person	f applicable) of manager, self-dealer, disq	ualified person, don	or, donor a	advisor,	_		Date	
	Signature (and organization or entity name or related person	if applicable) of manager, self-dealer, disq	ualified person, don	or, donor a	advisor,	_		Date	
	of remain parson								
	Signature (and organization or entity name or related person	If applicable) of manager, self-dealer, disq	ualified person, don	or, donor a	advisor,		<u>. I</u>	Date	
	May the IRS discuss this return with the prepar	rer shown below? (see instructions)		🚨	Yes		No		
	Print/Type preparer's name	Preparer's signature	Date	Check _	if	PTIN			
3-1-1				self- emplo	oyed	D04	200	107	
	VICTOR R WILFORE	COCTAMBE DO					302		
Jse Only	reparer Firm's name ► WILFORE & ASSOCIATES PC BE Only								
	Firm's address > 652 INDEPE	NDENCE PARKWAY STE	110	Phone or	1				