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For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation Logan Healthcare Foundation Inc		A Employer identification number 20-1337361	
Number and street (or P O box number if mail is not delivered to street address) 400 Airport Road		B Telephone number (see instructions) (304) 310-4705	
City or town, state or province, country, and ZIP or foreign postal code Chapmanville, WV 25508		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 11,564,165		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

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)	100,000			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,137	1,137		
	4 Dividends and interest from securities.	315,649	315,649		
	5a Gross rents	16,154	16,154		
	b Net rental income or (loss) _____ 15,474				
	6a Net gain or (loss) from sale of assets not on line 10	728,790			
	b Gross sales price for all assets on line 6a _____ 4,655,204				
	7 Capital gain net income (from Part IV, line 2) . . .		728,790		
	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	1,161,730	1,061,730		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	115,426	1,154		114,272
	14 Other employee salaries and wages	26,155	262		25,893
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	10,177	102		10,075
	b Accounting fees (attach schedule)	30,337	303		30,034
	c Other professional fees (attach schedule)	45,015	45,015		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	31,187	21,153		10,034
	19 Depreciation (attach schedule) and depletion	4,811	0		
	20 Occupancy	6,343	0		6,743
	21 Travel, conferences, and meetings	3,322	0		3,322
	22 Printing and publications				
	23 Other expenses (attach schedule)	18,301	680		18,401
	24 Total operating and administrative expenses. Add lines 13 through 23	291,074	68,669		218,774
	25 Contributions, gifts, grants paid	350,609			351,109
	26 Total expenses and disbursements. Add lines 24 and 25	641,683	68,669		569,883
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	520,047			
	b Net investment income (if negative, enter -0-)		993,061		
	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
Assets	1	Cash—non-interest-bearing	161,810	110,430	110,430
	2	Savings and temporary cash investments	688,759	687,369	687,369
	3	Accounts receivable ▶ <u>1,236</u>			
		Less allowance for doubtful accounts ▶ _____	1,214	1,236	1,236
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	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	2,178	3,684	3,684
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	7,199,120	7,093,999	7,093,999
	c	Investments—corporate bonds (attach schedule).	2,960,689	2,753,579	2,753,579
	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 ▶ <u>916,389</u>				
	Less accumulated depreciation (attach schedule) ▶ <u>5,096</u>	738,918	911,293	911,293	
15	Other assets (describe ▶ _____)	2,105	2,575	2,575	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		11,754,793	11,564,165	11,564,165
Liabilities	17	Accounts payable and accrued expenses		146,676	
	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 ▶ _____)	183,506	190,332	
	23	Total liabilities (add lines 17 through 22)	183,506	337,008	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	11,571,287	11,227,157	
	30	Total net assets or fund balances (see instructions)	11,571,287	11,227,157	
	31	Total liabilities and net assets/fund balances (see instructions)	11,754,793	11,564,165	

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)	11,571,287
2	Enter amount from Part I, line 27a	520,047
3	Other increases not included in line 2 (itemize) ▶ _____	0
4	Add lines 1, 2, and 3	12,091,334
5	Decreases not included in line 2 (itemize) ▶ _____	864,177
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	11,227,157

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	Publicly Traded Securities			
b	Capital Gains Dividends	P		
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 4,493,987		3,926,414	567,573
b 161,217			161,217
c			
d			
e			

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			567,573
b			161,217
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	728,790
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	

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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	475,803	10,592,273	0 044920
2012	497,563	10,605,518	0 046915
2011	453,318	10,712,753	0 042316
2010	574,315	10,713,029	0 053609
2009	578,744	10,452,621	0 055368

2	Total of line 1, column (d).	2	0 243128
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 048626
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	10,738,336
5	Multiply line 4 by line 3.	5	522,162
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	9,931
7	Add lines 5 and 6.	7	532,093
8	Enter qualifying distributions from Part XII, line 4.	8	584,655

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 page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
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	9,931
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	0
3		Add lines 1 and 2.		3	9,931
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	9,931
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	8,810	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	3,609	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	12,419
8		Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.		8	1
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	2,487
11		Enter the amount of line 10 to be credited to 2015 estimated tax. 2,487 Refunded		11	0

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a	Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b		No
		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.				
c		Did the foundation file Form 1120-POL for this year?		1c		No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ 0 (2) On foundation managers \$ 0				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0				
2		Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		No
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.		3		No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5		No
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	Yes	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		7	Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions): WV				
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.		8b	Yes	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV.		9		No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of John N Christodoulou Telephone no (304) 310-4705 Located at 400 Airport Road Chapmanville WV ZIP +4 25508			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

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? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
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 2014?.	1c		No
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20			
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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
b	If "Yes," did it have excess business holdings in 2014 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 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

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 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☒

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

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

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

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

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

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
See Additional Data Table				

2

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

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

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

0

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Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
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	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

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	10,827,833
b	Average of monthly cash balances.	1b	206,011
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	11,033,844
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	11,033,844
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	295,508
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,738,336
6	Minimum investment return. Enter 5% of line 5.	6	536,917

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	536,917
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	9,931
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9,931
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	526,986
4	Recoveries of amounts treated as qualifying distributions.	4	500
5	Add lines 3 and 4.	5	527,486
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . .	7	527,486

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	569,883
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	14,772
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	584,655
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	9,931
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	574,724

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				527,486
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			514,074	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 584,655				
a Applied to 2013, but not more than line 2a			514,074	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				70,581
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				456,905
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . .	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	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) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization 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))

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

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

President of the Board of Directors
400 Airport Road
Chapmanville, WV 25508
(304) 310-4705

b

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

Application information is available on the Foundation's website www.loganhealthcare.com

c

Any submission deadlines

No later than October 2 of the current year for calendar year funding

d

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

Restricted to the geographic service area formerly served by the Logan General Hospital and the residents of Logan, Boone, Lincoln, Mingo, and Wyoming counties in southern West Virginia. Additional information on restrictions is available on the Foundation's website www.loganhealthcare.com

Part XV

Supplementary Information (continued)

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

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	351,109
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

Part XVII


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

[illegible]

a 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
Logan Healthcare Real Estate Foundation Inc	501(c)(2)	Logan Healthcare Real Estate Foundation was formed to hold title to property, collect income from the property and such income, less expenses, shall be remitted to Logan Healthcare Foundation, Inc

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.


Sign Here 	*****	2015-07-08	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name Harry C Harless	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01042847
	Firm's name <input checked="" type="checkbox"/> Arnett Carbis Toothman LLP			Firm's EIN <input checked="" type="checkbox"/> 55-0486667	
	Firm's address <input checked="" type="checkbox"/> P O Box 2629 Charleston, WV 25329			Phone no (304) 346-0441	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
Roger McGrew	Chairman 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				
John Earles	President 40 00	106,000	9,426	0
400 Airport Road Chapmanville, WV 25508				
Judith McCormick	Secretary 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				
Charles Justice	Assistant Secretary 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				
Ed Napier	Director 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				
Anita Amburgey	Director 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				
Bob Whitler	Director 0 50	0	0	0
400 Airport Road Chapmanville, WV 25508				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
Christian Help Inc PO Box 1257 Kermit,WV 25674	N/A	Other public charity	To fund the Christian Help Transit Service used to provide a demand-response transit program to doctors, clinics and hospitals and related services for people who lack transportation in Logan and Mingo Counties of WV	65,000
Kanawha Valley Fellowship Home 1121 Virginia St East Charleston,WV 25301	N/A	Other public charity	To provide funds to support the "Recovery Dynamics Program" for in-patient recovery and educational treatment protocol used in the rehabilitation of recovering alcoholics and drug abusers	16,500
Larry Joe Harless Community Center 202 Larry Joe Harless Drive Gilbert,WV 25621	N/A	Other public charity	To fund individual physical improvement "Summer Day Camps" and "After School Program" through the purchase of pediatric fitness equipment and associated personnel costs for the implementation and operation of these programs	18,160
Logan County Child Advocacy Center PO Box 308 Logan,WV 25601	N/A	Other public charity	To help the organization serve the neglected and abused children in southern West Virginia by providing salary and general operations funding for the Center	37,822
The Stop Coalition PO Box 1385 Gilbert,WV 25621	N/A	Other public charity	To support the operation of a Crossroads Recovery Home for women who are recovering from long-term substance addictions and to expand services to include transportation for residents to health care and related facilities as necessary	37,000
WV Health Right Inc 1520 Washington St Charleston,WV 25311	N/A	Other public charity	To fund new vision equipment and allow for expanded vision care services to low income, uninsured, and/or medically underserved southern West Virginia Residents	33,843
Chief Logan Rec Center PO Box 809 Logan,WV 25601	N/A	Other public charity	To support the Chief Logan Recreational Center "Fit for Life Wellness Program" and to support replacing and upgrading physical fitness equipment used in the program to improve physical fitness and healthy lifestyle choices	50,250
Just for Kids Inc 129 Main Street Suite 406 Beckley,WV 25601	N/A	Other public charity	To support ongoing Child Advocacy services and expansion of these services in Wyoming county, WV, for abused children and to reduce child trauma associated with abuse	25,834
Future of Nursing West Virginia 100 Association Drive Charleston,WV 25311	N/A	Other public charity	To support the innovative development and implementation of an online Nurse Transition-to-Practice and Leadership Program for West Virginia	25,000
Wyoming County Family Resource Network Inc Box 183 Rock View,WV 24880	N/A	Other public charity	To support the project for "Wyoming County Students Against Destructive Decisions" and to reduce negative health outcomes for students	41,600
Calvary Baptist Church 510 Maryland Avenue Charleston,WV 25302	N/A	Religious	General fund donation to support church activities	100
Total  3a				351,109

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>Logan Healthcare Foundation Inc</div>	<div>Employer identification number</div> <div>20-1337361</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div>
<div>Form 990-PF</div>	<div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 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.
- ☐ 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. ▶ \$ _____

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
20-1337361

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div>Logan Medical Foundation</div> <div>400 Airport Road</div> <div>Chapmanville, WV 25508</div>	\$ 100,000	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<div> <div>Person</div> <div>Payroll</div> <div>Noncash</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div>(Complete Part II for noncash contributions)</div>

Name of organization Logan Healthcare Foundation Inc	Employer identification number 20-1337361
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization Logan Healthcare Foundation Inc	Employer identification number 20-1337361
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

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

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

TY 2014 Accounting Fees Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting fees	30,337	303		30,034

TY 2014 Cash Deemed Charitable Explanation Statement

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Explanation: The Cash Deemed Held for Charitable Activities includes the 1.5% amount of \$165,508 calculated in Part X of the tax return in addition to the set-aside amount of \$130,000 (reported in 2013 not yet expended) for a total of \$295,508. This amount is reasonable as it is slightly larger than the Foundation's charitable expenses for the current year and also includes the set-aside amounts to be paid in 2015 for charitable purposes.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Computer	2011-09-30	634	285	SL	5 0000000000000	127	0		
Building	2014-06-01	187,906		SL	39 0000000000000	2,811	0		
Land Improvements	2014-06-30	8,050		SL	15 0000000000000	268	0		
Land Improvements	2014-11-10	750		SL	20 0000000000000	6	0		
Security System	2014-03-18	3,001		SL	5 0000000000000	450	0		
Office Equipment	2014-06-14	1,049		SL	5 0000000000000	122	0		
Furniture	2014-04-18	6,638		SL	7 0000000000000	632	0		
Land	2004-07-01	704,277		L		0	0		
Furniture	2014-05-20	1,413		SL	7 0000000000000	118	0		
Furniture	2014-07-10	758		SL	7 0000000000000	54	0		
Office Equipment	2014-05-21	1,913		SL	5 0000000000000	223	0		

TY 2014 General Explanation Attachment**Name:** Logan Healthcare Foundation Inc**EIN:** 20-1337361

Identifier	Return Reference	Explanation
Complying with set-aside cash distribution test	Form 990-PF, Part XII, Line 3b	1 During 2013 Logan Healthcare Foundation paid \$31,596 and set aside \$130,000 for a 28 x 60 foot modular office building with vinyl siding and shingle roof The Foundation currently has limited office space and needs the new building for the addition of an employee and the continuation of its operations Its operations consist of making grants to charitable organizations which improve the health of the community 2 The project was not completed during the year of the first set aside - 2013 The expected time frame for completion of the project is within 12 months following December 31, 2014, the close of the taxable year of the Foundation All set-aside amounts are expected to be disbursed in 2015 3 The project was not completed in 2013, the year the amount was set-aside 4, 5 The organization paid \$31,596 for the project in 2013 and the remaining payments on the project are expected to be paid in 2015

**TY 2014 Investments Corporate
Bonds Schedule**

Name: Logan Healthcare Foundation Inc
EIN: 20-1337361

Name of Bond	End of Year Book Value	End of Year Fair Market Value
Bond mutual funds	2,753,579	2,753,579

**TY 2014 Investments Corporate
Stock Schedule**

Name: Logan Healthcare Foundation Inc
EIN: 20-1337361

Name of Stock	End of Year Book Value	End of Year Fair Market Value
Equity mutual funds	7,093,999	7,093,999

TY 2014 Land, Etc. Schedule**Name:** Logan Healthcare Foundation Inc**EIN:** 20-1337361

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Computer	634	412	222	222
Building	187,906	2,811	185,095	185,095
Land Improvements	8,050	268	7,782	7,782
Land Improvements	750	6	744	744
Security System	3,001	450	2,551	2,551
Office Equipment	1,049	122	927	927
Furniture	6,638	632	6,006	6,006
Land	704,277	0	704,277	704,277
Furniture	1,413	118	1,295	1,295
Furniture	758	54	704	704
Office Equipment	1,913	223	1,690	1,690

TY 2014 Legal Fees Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal fees	10,177	102		10,075

TY 2014 Other Assets Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Due from Logan Health Care Real Estate Foundation	2,105	2,175	2,175
Deposits		400	400

TY 2014 Other Decreases Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Description	Amount
Unrealized loss on investments	864,177

TY 2014 Other Expenses Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Telephone	3,057	0		3,057
Supplies	2,953	0		2,953
Dues & Subscriptions	2,315	0		2,315
Miscellaneous	211	0		211
Bank fees	62	0		62
Office expense	3,624	0		3,624
Insurance	5,399	0		6,179
Rental expenses	680	680		0

TY 2014 Other Liabilities Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Description	Beginning of Year - Book Value	End of Year - Book Value
Due to Logan Medical Foundation	175,788	178,918
Federal income tax payable	7,718	11,414

TY 2014 Other Professional Fees Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment advisor fees	45,015	45,015		0

TY 2014 Taxes Schedule

Name: Logan Healthcare Foundation Inc

EIN: 20-1337361

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Payroll taxes	10,110	101		10,009
Real estate taxes	828	828		0
Federal income taxes	20,224	20,224		0
Licenses	25	0		25