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Form 990-PF

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

		ent of the Treasury	► Do not € ► Information abo			rity numbers o			-				of 0	pen to Public Ir	spection
_		Revenue Service			990-PF	and its separa	te in		, and end		10/10	miggo	ρi. C	pen to rabile ii	. 20
For calendar year 2014 or tax year beginning Name of foundation								, 2014	, and end	iing	ΔΕ	mnlove	r identif	ication number	, 20
_		LUS FOUNDATI	box number if mail is no	t delnered	to street s	addroce)			Room/su	uto.			L9033	er (see instruction	<u></u>
	Numb	er and street (of P O	box number ii maii is no	i delivered	io sireei a	aduress)			Room/su	ile	D 1	elebilo		•	•
										- 1			(6)	L5) 467-7	400
_		WOODMONT BI							500	1					
	City or	r town, state or provir	nce, country, and ZIP or t	roreign pos	stal code						<u> </u>				
											C II	exempt ending, i	ion applic check heri	ation is	. ▶□
_		HVILLE, TN 3													
G	Che	ck all that apply	Initial retur		<u> </u>	Initial return		•	oublic cha	arity	D 1	Foreigi	n organiza	tions, check here -	. ▶□
			Final return			Amended re					2			ations meeting the	_
			Address ch			Name chang								here and attach	. ▶∟
H	Che	ck type of organi	zation [.] X Section	on 501(d	c <u>)(3)</u> ex	empt private t	foun	dation			F #	nrivate	foundatio	n status was termina	ted
\perp	s	ection 4947(a)(1)	nonexempt charitable	trust	Ot	her taxable pr	ıvat	e founda	tion					o)(1)(A), check here	~
1	Fair	market value of	of all assets at	J Accoi	unting n	nethod 🔙 C	ash	X Acc	crual	ĺ	F	the fou	ndation is	s in a 60-month termi	nation
	end	of year (from Pa	rt II, col (c), line	Ct	her (sp	ecify))(1)(B), check here	
	16)	▶ \$	485,515.	(Part I, co	olumn (d) must be on ca	sh ba	asıs)							
F	art I		venue and Expens		(a) R	evenue and			<u> </u>					(d) Disburs	
			n columns (b), (c), and			enses per	(b) Net inve incon		(justed icome	net	for chari	
		column (a) (see in	rily equal the amounts estructions))	, 111	·	books		iiiCOII			11			(cash basi	
_	1		nts, etc., received (attach sch	edule) .		98,170.									
	2	Cheek In I if th	e foundation is not requ	ured to											
	3		ch Sch B			574			574.						
	4		erest from securities	ſ											
	5a			Г											
			(loss)							<u> </u>					
a	ı		om sale of assets not on l				T		CEIV	/ED				1	
2	b	Gross sales price for		"" F			Ħ					이			
Revenue	7	assets on line 6a	ncome (from Part IV, I	ıno 2\			S	31			i	8			
2	8		•	´ · [18	37 AU	1 1 0 3	‡015	\dashv	<u>\(\) \</u>		 	
	9	· ·	pital gain				1					<u>Œ</u>			
		Gross sales less retur	ns				$\dag \uparrow$	00	DEN	U	1			!	
	_	and allowances • •								-		1		1	
	l	Less Cost of goods s	ss) (attach schedule)							1				<u> </u>	
	11		ach schedule)		•		 							1	
	12		through 11	- 1		98,744.			574.					+	
_	13					(\vdash			1				 	
S	l		icers, directors, trustees,							+				 	
ž	14		alaries and wages .	1			-								
Del	14 15 16a b c 17 18 19 20 21		nployee benefits			2,570.	\vdash			 					2,570
Ĕ	16a		schedule) ATCH 1			1,650.	\vdash		165.						1,485
é	b		attach schedule)ATC	l l		2,000.	\vdash			1				+	_,
美	_ c	•	Il fees (attach schedul	· [-		\vdash			-				1	
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Ξ	19		ich schedule) and de	'i			\vdash			-				-	
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ā	22	• .	cations	ſ		12 221	-		150	-				1	12 172
ing	23 24 25	, ,	attach schedule)ATC	- · - ·		13,331.	\vdash		158.	+					13,173
rati	24		nd administrative ex			19 560	1		202						17 000
ē			ugh 23			17,560.	 —	 	323.	-				ļ · ·	17,228
0		· ·	ts, grants paid			93,639.	-			-				1	93,639
_	26		bursements. Add lines 2	4 and 25		111,199.	┞-		323.	\				<u>q</u> 1	10,867
	27	Subtract line 26 fi	rom line 12				1								
	1		r expenses and disburseme	1		-12,455.	<u> </u>			1				 	
	1		ncome (if negative, er						251.	<u> </u>					
	l c	Adjusted net inco	ome (if negative, enter	r -0-) l			1			1					

rm 990-P	F (2014) E PLUS FOUNDATION Attached schedules and amounts in the	Poginning of		-4190331 Page
art II	Balance Sheets description column should be for end-of-year	Beginning of year (a) Book Value	End of (b) Book Value	<u> </u>
4 6	amounts only (See instructions)	9,538.	13,500.	(c) Fair Market Value
	Cash - non-interest-bearing	488,367.	471,950.	471,950
	savings and temporary cash investments	400,307.	471,930.	471,950
3 A	accounts receivable 65.	65.	65.	6!
	ess allowance for doubtful accounts	65.	65.	
4 P	Pledges receivable			
	ess allowance for doubtful accounts			
	Grants receivable			
	Isqualified persons (attach schedule) (see instructions)			
	ess allowance for doubtful accounts			
8 Ir	nventories for sale or use			
	Prepaid expenses and deferred charges			
	nvestments - U S and state government obligations (attach schedule),			
	nvestments - corporate stock (attach schedule)			
11 Ir	nvestments - corporate bonds (attach schedule)			
a L	nd equipment basis ess accumulated depreciation attach schedule)			
	nvestments - mortgage loans			
13 Ir	nvestments - other (attach schedule)			
	and, buildings, and quipment basis			
Lo (a	quipment basis ess accumulated depreciation attach schedule)			
15 Č	Other assets (describe)		-	
16 T	otal assets (to be completed by all filers - see the			
ır	nstructions Also, see page 1, item I)	497,970.	485,515.	485,51
17 A	ccounts payable and accrued expenses			
	Grants payable	14,200.		
	Deferred revenue			
	oans from officers, directors, trustees, and other disqualified persons			
	fortgages and other notes payable (attach schedule)			
	Other liabilities (describe			
_	/			
23 T	otal liabilities (add lines 17 through 22)	14,200.	o	
	oundations that follow SFAS 117, check here			
_	and complete lines 24 through 26 and lines 30 and 31.			
24 U	Unrestricted			
25 T	emporarily restricted			
26 P	Permanently restricted			
F	Foundations that do not follow SFAS 117, ▶ 🗓		<u></u>	
С	heck here and complete lines 27 through 31.			
27 C	Capital stock, trust principal, or current funds			
28 P	aid-in or capital surplus, or land, bldg, and equipment fund			
29 R	Retained earnings, accumulated income, endowment, or other funds	483,770.	485,515.	
	otal net assets or fund balances (see instructions)	483,770.	485,515.	
	otal liabilities and net assets/fund balances (see			
	nstructions)	497,970.	485,515.	
	Analysis of Changes in Net Assets or Fund Balan			
	net assets or fund balances at beginning of year - Part II		•	
end-o	of-year figure reported on prior year's return)		1	483,77

Tartin Analysis of Changes In Net Assets of Fulla Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		-
end-of-year figure reported on prior year's return)	1	483,770.
2 Enter amount from Part I, line 27a	2	-12,455.
3 Other increases not included in line 2 (itemize) ▶ ATCH 5	3	14,200.
4 Add lines 1, 2, and 3	4	485,515.
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	485,515.
	-	

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) Find a 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) Gain Gay, yr.) (c) Date (c)
(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 expensed (mo., day, yr.) (mo., day,
2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 2-story brick warehouse, or common stock, 200 shs MLC Co) 3-story brick warehouse, or common stock, 200 shs MLC Co) 3-story brick warehouse, or common stock, 200 shs MLC Co) 3-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common stock, 200 shs MLC Co) 4-story brick warehouse, or common story, or collection on (loss) 4-story brick warehouse, or collection, day, or collection,
b (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (e) plus expense of sale (e) plus (f) minus (g) a (e) Gross sales price (f) Depreciation allowed (or allowable) (e) plus expense of sale (e) plus (f) minus (g) a (f) Gains (Col (h) gain minus (g) (f) F M V as of 12/31/69 (f) Adjusted basis as of 12/31/69 (f) Excess of col (f) cover col (j), if any (f) Adjusted basis as of 12/31/69 (f) Gains (Col (h) gain minus (g) (f) Gains (Col (h) gain minus (g) (f) F M V as of 12/31/69 (f) Gains (Col (h) gain minus (g) (f) Gains (Gol (h) gain minus (g)
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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 (k) Excess of col (i) over col (j) over col
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(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 (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (j), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (i) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (ii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji), if any (k) Excess of col (iii) over col (ji) over col (ji), if any (k) Excess of col (iii) over col (ji) over co
(i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a over col (j), if any Losses (from col (h)) a column column (in colu
Capital gain net income or (net capital loss) 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
Capital gain net income or (net capital loss) Respond to the section 4940(a) tax on net investment income (accordingly) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in accordingly) 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 (b)
Capital gain net income or (net capital loss) Standard Capital gain net income or (net capital loss) Capital gain net income or (loss) as defined in sections 1222(5) and (6) Capital gain or (loss) as defined in sections 1222(5) and (6) Capital gain, also enter in Part I, line 8, column (c) (see instructions) Capital gain, also enter in Part I, line 8, column (c) (see instructions) Capital gain or (loss), enter -0- in Capital gain, also enter in Part I, line 8, column (c) (see instructions) Capital gain or (loss), enter -0- in Capital gain or (loss) as defined in sections 1222(5) and (6) Capital gain or (loss)
Capital gain net income or (net capital loss) Recording the 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
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
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 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
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
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
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8
Part I, line 8
art V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income or optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
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)
or optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
as the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
"Yes," the foundation does not qualify under section 4940(e). Do not complete this part.
Enter the appropriate amount in each column for each year, see the instructions before making any entries
(a) (b) (c) (d) Base penod years (c) Distribution ratio
Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of nonchantable-use assets (col (b) divided by col (c))
2013 107,959. 455,957. 0.23677
2012 97,538. 268,937. 0.36268
2011 37,751. 121,975. 0.30949
2010 10,004. 38,405. 0.26048
2009 18,292. 25,484. 0.71778
20,727
Total of line 1, column (d)
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the
number of upper the foundation has been in assistance files than Files.
number of years the foundation has been in existence if less than 5 years
number of years the foundation has been in existence it less than 5 years
450.02
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5
Enter the net value of noncharitable-use assets for 2014 from Part X, line 5

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see it	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			5.
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			
5	Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0			5.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			_
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			5.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Dat	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11 **t VII-A Statements Regarding Activities**			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a	165	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	···	-	<u> </u>
•	Instructions for the definition)?	1ь		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	·-		<u> </u>
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1
	foundation managers \$			
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 instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
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			
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		.,	1
	conflict with the state law remain in the governing instrument?	6	X	₩
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	₩
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	FL, TN,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	х	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	00		\vdash
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,"			
		9		x
4.0	complete Part XIV	اتا		Ť
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		x
			0-PF	

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Pai	t 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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► HTTP://www.EPLUSFOUNDATION.COM/			
14	The books are in care of ▶YANIRA SHELTON Telephone no ▶ 615-783	-108	1	
	Located at ▶104 WOODMONT BLVD, SUITE 500 NASHVILLE, TN ZIP+4 ▶ 37205			
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			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	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 foreign country ▶			
Pa	t 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
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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 X 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 X No			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
_	were not corrected 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))			
ā	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? Yes X No			
	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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26		
	all years listed, answer "No" and attach statement - see instructions)	2b	-	
,		ŀ		
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
56	at any time during the year?			
	olf "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		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ļ	
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		х

Form 990-PF (2014) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 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 beneficianes served, conferences convened, research papers produced, etc Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3 . .

Page 8

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	466,938.
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	466,938.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	3	466,938.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	7,004.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	459,934.
6	Minimum investment return. Enter 5% of line 5	6	22,997.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	22,997.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 5.		
b	Income tax for 2014 (This does not include the tax from Part VI) 2b] [
С	Add lines 2a and 2b	2c	5.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	22,992.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	22,992.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	22,992.
	Qualifying Distributions (see instructions)	1	
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	110,867.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	110,867.
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	110,867.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years.	calculating wi	nether the foundation

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (b) (c) 2013 2014 Corpus Years prior to 2013 Distributable amount for 2014 from Part XI, 22,992. 2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only Total for pnor years 20 12 ,20 11 ,20 10 Excess distributions carryover, if any, to 2014 a From 2009 L 17,018. 8,090. **b** From 2010 c From 2011 31,666. 84,108. d From 2012 e From 2013 85,170. 226,052 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 110,867. a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) 22,992. d Applied to 2014 distributable amount e Remaining amount distributed out of corpus . . 87,875 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 313,927 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 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) Excess distributions carryover from 2009 not 17,018. applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2015. 296,909. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 8,090 a Excess from 2010 . . . 31,666. b Excess from 2011 . . . 84,108. c Excess from 2012 . . . 85,170.

Form 990-PF (2014)

d Excess from 2013 . . .

e Excess from 2014 .

87,875.

Form	990-PF (2014)	E PLUS FO	OUNDATION		20-	4190331 Page 10
-		erating Foundation	s (see instructions a	and Part VII-A, quest	ion 9)	NOT APPLICABLE
	If the foundation has r					
	foundation, and the ruling	is effective for 2014, e	nter the date of the ruling	 1	•	
ь	Check box to indicate w				section 4942(j)(3) or 4942(j)(5)
_		Tax year		Prior 3 years	<u></u>	
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	I or the minimum investment return from Part X for each year listed	V • V • • • • • • • • • • • • • • • • • • •		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	85% of line 2a					
	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					
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
а	alternative test relied upon "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 invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secuntes loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(3) Largest amount of support from an exempt					
	organization		1	1	1	
Pa	rt XV Supplemen	tary Information (during the year - s		rt only if the found	dation had \$5,000	or more in assets
1	Information Regarding	•				
а	List any managers of before the close of any					
	N/A					
b	List any managers of ownership of a partner			•		y large portion of the
	N/A					
2	Information Regarding	Contribution, Gran	t, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X if the unsolicited requests for other conditions, come	or funds. If the found	lation makes gifts, gi	to preselected charants, etc (see instruc	ritable organizations ctions) to individuals o	and does not accep or organizations under

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

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

c Any submission deadlines

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

V 14-5F

Page 11

Part XV Supplementary Information ((continued)	·	 _	
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ing the Year or App	roved for F	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
ATCH 7				
		1		
	J		L	
Total	<u> </u>			93,639
b Approved for future payment				
	1			
		ļ		
	1			
			}	
	1			
		<u> </u>	▶ 3b	
	 	<u></u>	► 3D	<u> </u>

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Part XVI	(2014) -A Analysis of Income-Produ	icina Activ	ities			Page 12
	amounts unless otherwise indicated	T	ated business income	Evaluded by	y section 512, 513, or 514	(e)
	a service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-					- "	(See instructions)
				1		
_		-				
. —						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	on savings and temporary cash investments			14	574.	
	ds and interest from securities					
	tal income or (loss) from real estate					
a Debt	-financed property					
	debt-financed property		<u></u>			
	al income or (loss) from personal property	-				
	evestment income					
	loss) from sales of assets other than inventory ome or (loss) from special events		==			·
	rofit or (loss) from sales of inventory			 		
-	evenue a					
. —						
e						
12 Subtotal	Add columns (b), (d), and (e)				574.	
	dd line 12, columns (b), (d), and (e)				13	574.
	heet in line 13 instructions to verify calc	ulations)				
	-B Relationship of Activities					
Part XVI- Line No. ▼	-B Relationship of Activities Explain below how each activity accomplishment of the foundation	ty for which	h income is reported	ın column (e) of Part XVI-A contrib	
Line No.	Explain below how each activit	ty for which	h income is reported	ın column (e) of Part XVI-A contrib	
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Line No.	Explain below how each activit	ty for which	h income is reported	ın column (e) of Part XVI-A contrib	

Form 9	90-PF (2	2014)		E PLUS	FOUNDA'	TION		_				20-419	0331	Pag	ge 13
Part	XVII			egarding 1 nizations	ransfers	To and	Transacti	ons a	nd Relat	tionsh	ips V	Vith Non	chari	itable	€
1 1	Did the	e organizatioi	n directl	ly or indirect	lly engage	in any of	the following	with	any other	organiz	ation	described		Yes	No
		tion 501(c) of zations?	the Co	de (other tha	an section	501(c)(3)	organization	s) or in	section 5	27, rela	ating to	o political			
	-	ers from the	reportin	o foundation	to a nonch	naritable e	vemnt organ	ızatıon i	of						
		sh											1a(1)		х
		her assets.													X
		transactions	• • • •										10(2)		
		les of assets	to a noi	ncharitable e	xempt orga	nization							16(1)		х
i	(2) Pu	rchases of as	sets fro	m a noncha	rıtable exer	not organiz	zation						1b(2)		X
((3) Re	ntal of facilitie	es, equi	pment, or oth	ner assets								1b(3)		Х
	(4) Re	ımbursement	arrange	ements									1b(4)		Х
	(5) Loa	ans or loan gi	uarantee	s									1b(5)		Х
((6) Pe	rformance of	service	s or member	rship or fur	ndraising s	olicitations .						16(6)		Х
C	Sharin	g of facilities,	equipm	nent, mailing	lists, other	assets, or	paid employ	ees .					1c		Х
		answer to ar												fair m	ıarke
		of the goods,													
	value i	in any transa	ction or	sharing arra	angement,	show in c	olumn (d) th	ne valu	e of the g	oods, d	ther a	ssets, or	service	s rec	eived
(a) Lin	ne no	(b) Amount in	volved	(c) Name	of noncharita	ble exempt or	ganization	(d) D	escription of	transfers	, transac	tions, and sh	aring arra	angeme	nts
								N/A							
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22	le the	foundation d	rectly (or indirectly	affiliated v	with or ro	lated to an	0 OF M	oro tov ov	ompt o	racous	otiono			
		bed in section											\square_{\checkmark}	es X	ما ٦
		s," complete t				1 00000011 0	0 1(0)(0)) 01	5000					ш'	C3 <u></u>	_ 110
		(a) Name of o				(b) Type of	organization		1	(c)	Descript	ion of relation	ship		
							- -								
									-						
		-						-							
														-	
	Under	r penalties of peni	ıry, I decla	re that I have ex	amined this re	tum, including	accompanying so	hedules a	nd statements,	and to t	he best o	of my knowled	ge and I	oelief, ıt	is true
Sign	Conte	Della)	Sh. In		07//	5 / S	preparer na	A A	مراة	_	May 45 a 15	C		
_		Kosery		Yujir	ce v		//3		<u>M</u>	0			S discus		retum below
Here	Sign	naty re of officer of	or trustee	//		Date	/	Title				(see instructio	· —	Yes	No
		<i></i>													
Paid		Print/Type pre			KAI	bel who	nulock		07. 12 a222	:43:00	Che	eck ıf	PΠN		
	2505	RACHEL						<u>-04'00</u>	<u>)' </u>		sel	f-employed	P005		9
Prep	arer	Firm's name	▶ CR	OWE HORWA	ATH LLP					F	m's EIN	▶35-0	9216	80	

Form 990-PF (2014)

502-326-3996

Phone no

40252

Use Only Firm's address

LOUISVILLE, KY

▶ 9600 BROWNSBORO ROAD, SUITE 400

Schedule B

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number
E PLUS FOUNDATION		20-4190331
Organization type (check one)		20 4190331
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
		formal about
	4947(a)(1) nonexempt charitable trust not treated as a private	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	dation
	501(c)(3) taxable private foundation	
· · · · · · · · · · · · · · · · · · ·	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
General Rule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributor. Complete Parts I and II See instructions	
Special Rules		
regulations under set 13, 16a, or 16b, and \$5,000 or (2) 2% of	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 that received from any one contributor, during the year, total contribution amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ons of the greater of (1) Complete Parts I and II
contributor, during th	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the eyear, total contributions of more than \$1,000 exclusively for religious, all purposes, or the prevention of cruelty to children or animals. Complet	charitable, scientific,
contributor, during th contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions exclusively for religious, charitable, etc., purposes more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Do not complete any of to this organization because it received nonexclusively religious, charitable during the year.	but no such ons that were received the parts unless the ble, etc, contributions
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file answer "No" on Part IV, line 2, of its Form 990, or check the box on lin certify that it does not meet the filing requirements of Schedule B (Form	e H of its Form 990-EZ or on its
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF Schedu	ele B (Form 990, 990-EZ, or 990-PF) (2014

JSA 4E1251 2 000

Employer identification number 20-4190331

Dort I	Contributors	(coo instructions)	Llee duplicate con	ies of Part I if additiona	l space is peeded
ranı	Continuators (, see msnuchons)	. Ose duplicate cop	nes di Part i il additiona	i space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	E+ HEALTHCARE, LLC 104 WOODMONT BOULEVARD, #500 NASHVILLE, TN 37205-2245	\$6,699.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET, SUITE 460 HOUMA, LA 70360	\$8,000.	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
3	MYRA FOX SKELTON FOUNDATION ONE W. 4TH STREET, 4TH FLOOR WINSTON SALEM, NC 27101	\$20,000.	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
	, ,		(d) Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions)
	, ,	Total contributions	Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
No.	Name, address, and ZIP + 4	\$ (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number

20-4190331

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.
(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
		\$	
	<u></u>		

Employer identification number 20-4190331

	following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional to the copies of the copies of Part III if additional to the copies of the copies of Part III if additional to the copies of Part III is additional to the copies of Part III if additional to the copies of Part III is additional to the copi	completing Part III, e year. (Enter this in	enter the total of efformation once. Se	exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how grft is held				
, u.c.								
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd 7IP + 4	Polatio	nship of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	Relation	nship of transferor to transferee					
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift	<u> </u>				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift	<u> </u>				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

ATTACHMENT 1 PAGE 19

		.02	.70
	CHARITABLE PURPOSES	2,570	2,570
	ADJUSTED NET INCOME		
	NET INVESTMENT INCOME		
	REVENUE AND EXPENSES PER BOOKS	2,570.	2,570.
I - LEGAL FEES			TOTALS
FORM 990PE, PART I - LEGAL FEES	DESCRIPTION	LEGAL FEES	

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ATTACHMENT	
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PART T.
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CHARITABLE PURPOSES	1,485.	1,485.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	165.	165.
REVENUE AND EXPENSES PER BOOKS	1,650.	1,650.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 2 PAGE 20

ATTACHMENT 3 PAGE 21

ATTACHMENT 3		CHARITABLE PURPOSES		
ATTACI		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	. 0	6
	FORM 990PF, PART I - TAXES	DESCRIPTION_	FEDERAL TAX PAID	TOTALS

NSES
EXPE
- OTHER
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ART I

FORM

CHARITABLE PHRPOSES	8,038.	2,020.	131.	2,139.		72.	773.	13,173.
ADJUSTED NET INCOME								
NET INVESTMENT TNCOME					72.		.98	158.
REVENUE AND EXPENSES INVE	8,038.	2,020.	131.	2,139.	72.	72.	859.	13,331.
								TOTALS
NOTHOLOGIC	EVENT EXPENSES	FILING FEES	KOMEN MISCELLANEOUS EXPENSE	MISCELLANEOUS EXPENSE	BANK FEE	CHECKS	INSURANCE	

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u> <u>AMOUNT</u>

PRIOR PERIOD ADJUSTMENT 14,200.

TOTAL 14,200.

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AND TRUSTEES	
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, DIRECTORS,	
F OFFICERS,	
OF	
LIST OF	
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990PF,	
FORM	

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 1.00	TREASURER 1.00	VICE PRESIDENT/SECRETARY 1.00	GRAND TOTALS
NAME AND ADDRESS	JERRY EYLER 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	YANIRA SHELTON 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	MELISSA CURETON 104 WOODMONT BLVD. 500 NASHVILLE, TN 37205	

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PART X	
990PF	
FORM	

AMOUNT	28,620	20,436	29,099	7,408	909	1,780
PURPOSE OF GRANT OR CONTRIBUTION	SUPPORT AN ORGANIZATION THAT WORKS TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM BY PREVENTING CANCER, SAVING LIVES, AND DIMINISHING SUFFERING FROM THE DISEASE THROUGH RESEARCH, EDUCATION, ADVOCACY AND SERVICE	TO SUPPORT GENERAL CHARITABLE OPERATIONS	TRANSPORTATION, LODGING, FOOD, CANCER SCREENINGS, COURT COSTS, MEDICAL SUPPLIES, UTILITIES, MEDICAL CARE, AND OTHER FINANCIAL ASSISTANCE TO CANCER PATIENTS DUE TO FINANCIAL HARDSHIPS ASSISTANCE IS MINOR IN AMOUNT PER PATIENT, SO IT IS IMPRACTICAL TO LIST ALL AID RECIPIENTS	SUPPORT GENERAL CHARITABLE OPERATIONS	TO SUPPORT GENERAL CHARITABLE OPERATIONS	TO SUPPORT GENERAL CHARITABLE OPERATIONS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE P.C	NONE	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	AMERICAN CANCER SOCIETY 500 DENMARK STREET #515 STATESBORO, GA 30458	MORGAN CITY HIGH SCHOOL 2400 TIGER DRIVE MORGAN CITY, LA 70380	INDIGENT CANCER PATIENTS	UNITED WAY FOR SOUTH LOUISIANA 7910 MAIN STREET, SUITE 460 HOUMA, LA 70360	CAJUN INVASION 115 WEST BAYOU SHR LAFAYATTE, LA 70508	WYOMING CARES PO BOX 2575 CASPER, WY 82602

V 14-5F

20-4190331

ATTACHMENT 7 (CONT'D)

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PART	
990PF	
FORM	

FRIBUTION	500 stable operations	5,190
PURPOSE OF GRANT OR CONTRIBUTION	TO SUPPORT GENERAL CHARITABLE OPERATIONS	TO SUPPORT GENERAL CHARITABLE OPERATIONS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECEPTENT	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	LUTHERAN MEDICAL CENTER FOUNDATION 2480 W 26TH AVENUE, SUITE 360B DENVER, CO 80211	SOUTH ADAMS COUNTY VOLUNTEER FIRE DEPARTMENT 6550 EAST 72ND AVENUE COMMERCE CITY, CO 80022

93,639

TOTAL CONTRIBUTIONS PAID

PAGE 26 ATTACHMENT 7

10390X 761H 7/6/2015

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, o				▶ 🗓	
•	filing for an Additional (Not Automatic) 3-Mo			, , ,		
Do not comp	plete Part II unless you have already been gra	nted an aut	omatic 3-month extens	sion on a previously filed Form 8868	3.	
a corporatio 8868 to rec Return for instructions) Part I Au A corporatio Part I only	iling (e-file). You can electronically file Form n required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or on required to file Form 990-T and requesting	nal (not aut forms liste Il Benefit (nis form, vis aly submit an automa	omatic) 3-month extend in Part I or Part II we Contracts, which must sit www irs gov/efile and original (no copies neatic 6-month extension	ision of time. You can electronicall ith the exception of Form 8870, It be sent to the IRS in paper for click on e-file for Charities & Nongeeded). - check this box and complete	y file Form information format (see forofits	
	ne tax returns.	.po, rt=11110	o, and tracto mast acc r	Enter filer's Identifying number, see		
to me moon	Name of exempt organization or other filer, see in	structions		Employer identification number (EIN) o		
Type or		511 dollor13		Employer identification flumber (Liny) of		
print	E PLUS FOUNDATION			20-4190331	190331	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instruc	tions	Social security number (SSN)		
due date for filing your	104 WOODMONT BLVD.			Control of the contro		
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions			
Instructions	NASHVILLE, TN 37205					
Enter the Re	eturn code for the return that this application	is for (file a	separate application fo	or each return)	0 4	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
	r Form 990-EZ	01	Form 990-T (corporat	ion)	07	
Form 990-B		02	Form 1041-A		08	
Form 4720		03	Form 4720 (other tha	n individual)	09	
Form 990-P	·	04	Form 5227			
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		10 11	
	(trust other than above)	06	Form 8870		12	
Telephon If the org If this is for the whole	e No 615 783-1081 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	 business in ur digit Gro f it is for pa	FAX No ► 615 467 the United States, checup Exemption Number (7-7401 ck this box (GEN) If thi	▶□	
1 I reque	est an automatic 3-month (6 months for a cor	poration re	quired to file Form 990)-T) extension of time		
	08/15_, 20_15_, to file the organization's return for. calendar year 20_14 or tax year beginning				xtension is	
	ax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	k reason Initial r	eturn Final return		
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the	tentative tax, less any		
nonref	undable credits. See instructions.			3a \$	0	
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	efundable credits and		
	ited tax payments made. Include any prior yea				0	
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS		
(Electronic Federal Tax Payment System). See instructions 3c \$				0		
Caution. If yo	u are going to make an electronic funds withdrawa	I (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form 8879-EO fo	r payment	
instructions						

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

Form 8868 (Rev 1-2014)