

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

, 2014, and ending A For the 2014 calendar year, or tax year beginning . 20 D Employer identification number C Name of organization B Check if applicable CENTRA HEALTH FOUNDATION 54-1604094 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1920 ATHERHOLT ROAD (434) 200-4712 Initial return Final return City or town, state or province, country, and ZIP or foreign postal code Amended naules LYNCHBURG, VA 24501 G Gross receipts \$ 33,806,352 Name and address of principal officer H(a) is this a group return for Yes X No KATHRYN PUMPHREY 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 H(b) Are all subordinates included X 501(c)(3) If "No." attach a list (see instructions) 501(c) ( 4947(a)(1) or ) (insert no ) Website: ▶ WWW.FOUNDATION.CENTRAHEALTH.COM H(c) Group exemption number Form of organization | X | Corporation Trust Association L Year of formation 1991 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO THE CENTRA HEALTHCARE SYSTEM. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 23. 4 Number of independent voting members of the governing body (Part VI, line 1b) 19. 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 7. 5 19. 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C); line 12.

b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . 2,855,391. 2,215,091. . NOV. 1 7. 2015 Program service revenue (Part VIII, line 2g) . . . . 4,380,150. 2,315,519. 10 Investment income (Part VIII, column (A), lines 3, 4, and Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 le) 11 172,866 224,843. 4,755,453. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 7,408,407. 12 2,755,189. 2,187,567. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 638,472. 712,306. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_ 216, 455. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 339,786. 278,711. 3,733,447. 3,178,584. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,674,960. 1,576,869. Revenue less expenses Subtract line 18 from line 12..... 5 6 **Beginning of Current Year End of Year** 67,994,032 <del>6</del>9,980,317. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 138,554. 302,187. 25 22 25 22 67,855,478. 69,678,130. Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury. I deciate 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 officer) is based on all information of which preparer has any knowledge Sign Signature of office GOUGH Here DAVID Type or print name and title Print/Type preparer's name Date Preparer's signature Check Paid Magrid a Baddan self-employed MARGARET BRADSHAW P00501222 11/09/15 Preparer Firm's name KPMG LLP Firm's EIN > 13-5565207 Use Only Firm's address ▶1676 INTERNATIONAL DRIVE MCLEAN, 703-286-8000 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)





A 1 000	Program service exherise	2,107,	307		Form	990 (20
(Ехре	-	cluding grants of \$	<del></del>	enue \$	)	
d Other	program services (Desci	ribe in Schedule O )				
_						
			· · · · · · · · · · · · · · · · · · ·			
c (Code	) (Expense	s \$inc	cluding grants of \$	)(R	evenue \$	
			<del></del>			
		<del></del> _				
b (Code	e) (Expense	s \$ in 0	cluding grants of \$	) (F	evenue \$	)
				1,		
<u>ATT</u>	TACHMENT 1					
a (Code	e. (Expense	s\$in	cluding grants of \$	2,187,567. ) (F	Revenue \$	)
	otal expenses, and revenu			report the atmot	int of grants and allocation	13 IU UI
Desc	ribe the organization's p	rogram service accor			est program services, as n	
servic	ces? s," describe these charige					es X
If "Ye	s," describe these new se the organization cease	rvices on Schedule O.				
prior	he organization undertak Form 990 or 990-EZ?					es X
	ANCE AND ENRICH THORNATION SEE SCHED		OGRAMS, AND FACI	LITIES. FOR	MORE	
		HEALTH FOUNDAT				
	y describe the organization	7113 1111331011				

	90 (2014)		F	age 3
Part	Checklist of Required Schedules		- <del></del>	
•	to the experience described in eachier E01/a\/a\ as 4047/a\/4\ /ather than a result foundation\2 If TV60"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_ <u>^</u>	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in Tobbying activities, or have a section 501(h)	-	_	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ ; $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8		_ <u>X</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	- ^	
• •	VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		-	
_	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_ X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		.,	
<b>.</b>	complete Schedule D, Parts XI and XII.	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1 2h	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.70		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 -	If "Yes," complete Schedule G, Part III	19		_ <u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لـــــا	

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic povernment on Part IX, column (A), line 19 /ff "Yes" complete Schedule /, Parts I and II	Part	Checklist of Required Schedules (continued)	_	•	-30
comestic government on Part IX. column (A), line 17 iff "Yes," complete Schedule I, Parts I and III				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 if "Yes," complete Schedule I, Part I and III.  23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes" answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 50((c)), 50((c)), and 501((c)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  28 Is the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Jim "Yes," complete Schedule L, Part I.  20 Did the organization proof any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III.  21 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 3% confloided entity of family member of any of these persons? If "Yes," complete Schedule L, Part IV.  22 Put the organization review more than \$250,000	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
Part IX, column (A), line 2" If "Yes," complete Schedule I, Parts I and III.  21 Did the organization aware "Yes" to Part IVII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  22 X  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25e.  25 Did the organization mental any proceeds of tax-exempt bonds beyond a temporary period exception".  26 Did the organization mantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization mantain an escrow account other than a refunding escrow at any time during the year?  27 Eaction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or posyables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV).  29 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV).  29 A namely member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV.  29 A namely member of a curren		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule 1, Parts I and II	21	X	
Del the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 X  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the less tday of the year, that was issued after December 31, 2002? If "Yes," answer less 24b through 24d and complete Schedule K. If "No," go to line 25a.  24a Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25a Did the organization mental an escrow account other than a refunding escrow at any time during the year?  25b Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I transaction with a disqualified person of the year and that the transaction has not been reported on any of the organization is prior Forms 950 or 990-E27 If "Yes," complete Schedule L, Part II transaction with a disqualified person of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II transaction provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II transaction for applicable filing thresholds, conditions, and exceptions)  25a A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  25a A Current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part IV.  25a A Current or former officer, director, trustee,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Pes," complete Schedule J		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_ X
employees? If "Yes." complete Schedule J.  24 be did not organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Irhrough 24d and complete Schedule K. If "No." you forme 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c b Did the organization mental an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(d), and 501(c)(2)(2) organizations. Did the organization with a disqualified person and the time of the organization and the time active that the against and the organization and the transaction has not been reported on any of the organization in epot any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributior or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  25b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  26c A nemby of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II.  27d Did the organization receive more than \$25,000 in non-cash contrib	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
employees? If "Yes." complete Schedule J.  24 be did not organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Irhrough 24d and complete Schedule K. If "No." you forme 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c b Did the organization mental an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf or issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(d), and 501(c)(2)(2) organizations. Did the organization with a disqualified person and the time of the organization and the time active that the against and the organization and the transaction has not been reported on any of the organization in epot any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributior or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  25b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  26c A nemby of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II.  27d Did the organization receive more than \$25,000 in non-cash contrib					
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			23	Х	1
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 a				
through 24d and complete Schedule K. If "No." go to lime 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		· · · · · · · · · · · · · · · · · · ·			ļ
b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? 24c  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . 25a X  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I . 25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV . 28a X  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28b X  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28b X  Did the organization receive contributions of art, historical treasures, or other similar assets, qualified conservation contributions? If "Yes," complete Schedule M, Part II . 27b X  Did the organization related to any tax-exemple or taxable entity			24a		Х
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	b		24b	_	
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a   Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "ks," complete Schedule L, Part I	С				
d bd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24c		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	d				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		· · · · · · · · · · · · · · · · · · ·			
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 90-E27 // 187%s." complete Schedule I. Part II		-	25a		x
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 / 1/*Yes," complete Schedule L, Part I / 25b	h	,			
If "Yes," complete Schedule L, Part I   25b   X	_				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensate employees, or disqualified persons? If "Yes," complete Schedule L, Part II			25b		x
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26				
disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		·			
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			26		x
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part III	27				
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					)
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee or key employee (or a family member thereof) was an officer, director, trustee or key employee (or a family member thereof) was an officer, director, trustee or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b		· · · · · · · · · · · · · · · · · · ·	27		x
Part IV instructions for applicable filling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  The Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2  The Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  The Old the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	а		28a		X
Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Standard Torganization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  To Did the organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  To Did the organization complete Schedule R, Part V, line 2  To Did the organization complete Schedule R, Part V, line 2  To Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	_	, , , , , , , , , , , , , , , , , , ,			
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	_		28b		х
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	c	,			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_		28c		х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  33 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 Schedule R, Part VI.  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.  38 Did the organization complete Schedule O.	29				_
conservation contributions? If "Yes," complete Schedule M		•			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			30		х
Part I.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	٠.		31		х
complete Schedule N, Part II	32			_	
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			32		х
sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33				<del></del>
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			33		Х
or IV, and Part V, line 1	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			34	Х	ı
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a				X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2	~		35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	- <del>-</del>		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37				
Part VI	٠.				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			37		x
19? Note. All Form 990 filers are required to complete Schedule 0	38				
				x	
					(2014)

1a Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable,	Yes	No
b Enter the number of Forms W-2c included in line 1a. Enter 0- in not applicable,	x	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return.  2 In 19 If at least one is reported on line 2a, did the organization flie all required federal employment tax returns? Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-file (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Least any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account) are such as a bank account, securities account, or other financial account in a foreign country.  5 Least Note of the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Least Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Least Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  5 Least Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and parity for goods and services provided to the payor?  5 Least Yes, and the organization receive a deductible contributions under section 170(c).  6 Least Yes, and the organization receive and payment in excess of \$75 made partly as a contribution of organization start may receive deductible contributions of the good of	x	1
reportable gaming (gambling) winnings to prize winners?  2	Х	1
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 La At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If "Yes," enter the name of the foreign country. ►  5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 B Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 C B Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductibles a chartable contributions?  6 C Did the organization that may receive deductible activated and shartable contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partiy as a contribution and partly for goods and services provided to the peyor?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  8 If "Yes," did the organization nethly the donor of the value of the goods or services provided to the peyor.  9 Did the org		1
Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a Form 990-Tf or this year? If "Not * to his 2b, provide an explanation in Schedule 0.  3b If "Yes," enter the name of the foreign country; \( \) \( \) \( \) \( \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account)?  4a If "Yes," enter the name of the foreign country; \( \) \( \) \( \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  8c Did the organization of granization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8c Did the organization selective?  9c Did the organization of granization selective or otherwise dispose of tangible personal benefit contract?  1b If "Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization may all qualified intellectual property, did the organization file Form 8288?  1b If the organization received a contribution of qualified intellectual property, did the organization file form 8289 as required?  1b If the orga	l	+
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  3ccountly?  3countly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  3countly?  3countly?  3countly If "Yes," enter the name of the foreign country.  3countly?  3countly If "Yes," enter the name of the foreign country.  3countly?  3countly If Yes, enter the name of the foreign country.  3countly?  3countly If Yes, enter the name of the foreign country.  3countly  3countly If Yes, enter the name of the foreign country.  3countly  3countly If Yes, enter the name of the foreign country.  3countly  3countly  3country  3countly If Yes, enter the name of the foreign country.  3country  3countly  3country  3country  3country  3country  3country  4country  4countr		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  33 Did the organization have unreliated business gross income of \$1,000 or more during the year?  34 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a I was the organization a perfect of the foreign country. ►  5a Emistructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 If "Yes" to line 5a or 5b, did the organization file Form 8886-7?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 Diff "Yes," did the organization organization that was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8998 as required?  10 If the organization received a contribution ground funds. Did a donor advised fund maintained by the sponsori	Х	1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O  d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dio any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? or organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5b If "Yes," indicate the number of Forms 8282 filed during the year.  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year.  7c Did the organization receive a payment in given filed that property, did the organization file a Form 1084-C?  7f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1084-C?  7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  8 Sponsoring organizations maintaining don		
b If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts).  b If "Yes," enter the name of the foreign country; \( \)  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-17  5c If "Yes" do line 5a or 5b, did the organization file Form 8886-17  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9d If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  9d Unit the organization have excees business holdings at any time during the year payment of the good of the payor?  8 Fond of granization sell-self-self-self-self-self-self-self-		X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5e if "Yes", enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization file Form 8886-T?  5 b Did any taxable party notify the organization file Form 8886-T?  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 organizations that may receive deductible contributions under section 170(c).  7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 b Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 b Did the sponsoring organization of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have exce		1
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dob any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If Yes' to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Dif Yes,' did the organization notify the donor of the value of the good or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If Yes,' indicate the number of Forms 8282 filed during the year.  9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 198-C?  10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198-C?  11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198-C?  12 Sponsoring organizations maintaining donor advised funds.  12 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sp		
b if "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 if "Yes" to line 5a or 5b, did the organization file Form 8886-T7  5c Boos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  6 or Organization and receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6 or Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 or If I'ves," did the organization notify the donor of the value of the goods or services provided?  8 or If Yes," and the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 or If Yes, and the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 or If Yes, and the organization nective apayor?  9 or If Yes, and the organization nective apayor?  9 or If Yes, and the organization nective apayor?  9 or If Yes, and the organization nective apayor?  9 or If Yes, and the organization nective apayor?  9 or If Yes, and the organization nective apayor and the payor?  9 or If Yes, and the organization nective apayor and the payor?  9 or If Yes, and the organization nective apayor and the payor?  9 or If Yes, and the organization nective apayor and the payor?  9 or If Yes, and the organization nective apayor and the payor apayor and the payor apayor and the payor apayor and the payor a	l	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 If "Yes," did the organization of the value of the goods or services provided?  9 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  53 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  54 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  55 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization of the year of the value of the goods or services provided?  16 If "Yes," indicate the number of Forms 8282 filed during the year.  17 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  17 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  18 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  19 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  19 Sponsoring organizations maintaining donor advised funds.  10 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations maintaining donor advised funds.  11 Did the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations make any taxable distributions under section 4966?  10 Did the sponsoring organizat		T
(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," and the organization notify the donor of the value of the goods or services provided?  b if "Yes," indicate the number of Forms 8282 filed during the year  c Did the organization and partly of receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  S Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  S Section 501(c)(12) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 50	ì	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c  d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Corganizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  f Ponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(12) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from other sources (Do not net amounts due or paid to other sources against am		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  ta Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received an othribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  a Section 501(c)(12) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b If "Yes," enter the amount of tax-exempt interest received or accrued during		X
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282?  10 If 'Yes,' indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organizations maintaining donor advised funds.  14 Did the sponsoring organizations maintaining donor advised funds.  15 Did the sponsoring organization make any taxable distributions under section 4966?  16 Section 501(c)(7) organizations. Enter  17 Intal to the sponsoring organization make a distribution to a donor, donor advisor, or related person?  18 Sponsoring organizations and a distribution to a donor, donor advisor, or related person?  18 Section 501(c)(7) organizations. Enter  19 Intuition fees and capital contributions included on Part VIII, line 12  10 Gross income from members or shareholders  10 Gross income from members or shareholders  11 Gross income from members or shareholders  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organizatio		Х
a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  To dif "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To dif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Did fross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  Ca Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  13a  Note. See the instructions for additional information the organization must report on Schedule O.		
gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-02.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1988-02.  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from the anount of tax-exempt interest received or accrued during the year  11b  Section 501(c)(29) qualified nonprofit health insurance issuers	<u> </u>	X
Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Put the organization received any funds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 501(c)(12) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  25 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  f Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9a bid the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  a Section 501(c)(7) organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	<del>  </del>
and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Pau Did the sponsoring organizations make any taxable distributions under section 4966?  B Cross receipts, included on Form 990, Part VIII, line 12  In the sponsoring organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(2) organizations.  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Table  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Is a life o	l	1
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year.  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b  11c  12a  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  13a  Note. See the instructions for additional information the organization must report on Schedule O.	ľ	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Poll the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter  Intuition fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(21) organizations therefore the amount of tax-exempt interest received or accrued during the year  11a  Bestion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  13a  Note. See the instructions for additional informat		<u> </u>
required to file Form 8282?	<u> </u>	┼
d if "Yes," indicate the number of Forms 8282 filed during the year		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  8 Did the sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  10 Initiation fees and capital contributions included on Part VIII, line 12  10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  20 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  11a Section 501(c)(29) qualified nonprofit health hisurance issuers.  11b Note. See the instructions for additional information the organization must report on Schedule O.		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		ļ.,
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		$\frac{x}{x}$
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Byponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Byponsoring organizations. Enter  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Byponsoring organizations. Enter  Gross income from members or shareholders  Byponsoring organizations. Enter  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Byponsoring organization file a Form 1098-C?  The sponsoring organization file a Form 1098-C?  Part VIII, line 12  Interpret In		<del>  ^</del> -
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<del> </del> -	┼─
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		┼
Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		<del> </del>
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	-	
Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	-	+
a Initiation fees and capital contributions included on Part VIII, line 12	-	+
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1
Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
a Gross income from members or shareholders	ĺ	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  3 If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
against amounts due or received from them)	]	1
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		+
a Is the organization licensed to issue qualified health plans in more than one state?	ĺ	
Note. See the instructions for additional information the organization must report on Schedule O.		+
		1-
		1
the organization is licensed to issue qualified health plans		1
c Enter the amount of reserves on hand		}
4a Did the organization receive any payments for indoor tanning services during the tax year?		Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		<del> </del>
A 1 000 Form		i i

Form !	090 (2014) CENTRA HEALTH FOUNDATION 54-160	4094		Page <b>6</b>
Par		, and	for a	a "No
	Check if Schedule O contains a response or note to any line in this Part VI			x
Sec	tion A. Governing Body and Management			
	and the state of t		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	3	<del>                                     </del>	
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	ŀ	j
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	1	
-	any other officer, director, trustee, or key employee?	2	x	[
3	Did the organization delegate control over management duties customarily performed by or under the direct	<b>—</b>		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del>-</del>	х
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	1	_
, a	one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
b	stockholders, or persons other than the governing body?	7b	x	(
8		1.5	<del></del>	
Ü	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	1	
	the year by the following The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	x	<del>                                     </del>
9		- 00	<u> </u>	
3	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	]	$ _{\mathbf{x}}$
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
	and the control of the control of the second	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	x
	· · · · · · · · · · · · · · · · · · ·	100		<del></del>
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10Ь	<b>\</b>	}
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	110		<u> </u>
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	<del></del> -	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	ļ .
_	rise to conflicts?	120		_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122	х	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	14		ļ
15	Did the process for determining compensation of the following persons include a review and approval by			ĺ
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		x
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<del> ^-</del>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	l		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.0	l	
	with a taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	}		1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sect	organization's exempt status with respect to such arrangements?	16b	L	L
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			

JSA 4E1042 1 000

20

State the name, address, and telephone number of the person who possesses the organization's books and records: 

DAVID G. GOUGH 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 434-200-4712 Form **990** (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	İ	(C)								
(A)	(B)	ļ		Pos	sition			(D)	(E)	(F)
Name and Title	Average					than c		Reportable	Reportable	Estimated
	hours per					is both		compensation	compensation from	amount of other
	week (list any	1	1		_	or/trust		from the	related organizations	compensation
	related	Individual trustee or director	Institutional	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-MISC)	from the
	organizations	rect	E	ğ	emp	est l	ğ	(W-2/1099-MISC)		organization and related
	below dotted	일	B	1	loye	e com				organizations
	line)	stee	trustee		ň	pen				
	}		8		]	compensated se				
	<del> </del>				╁	<u> </u>			<del></del>	
(1)LEWIS C. ADDISON	2.00							1	ļ	
TREASURER/CENTRA SR VP/CFO	50.00	x		Х				0	554,837.	30,906.
(2)E.W. TIBBS	2.00									
CENTRA PRESIDENT/CEO	50.00	Х		Х				0	784,884.	156,229.
(3)SAMUEL CARDWELL	2.00				-			_	-	
VICE CHAIRMAN		Х		Х				0	0	0
(4)GEORGE A. HURT, MD	2.00							_		
CHAIRMAN		Х		Х				0	0	0
(5)KATHRYN M. PUMPHREY, ED.D	50.00					ļ				
CENTRA EXEC VP OF FOUNDATION		Х		Х	L			272,062.	0	30,314.
(6) ROBERT R. CHAPMAN, III	2.00				1					
BOARD MEMBER		Х	$\Box$					0	0	0
(7)MELANIE CHRISTIAN	2.00	1	- 1							
BOARD MEMBER	<u> </u>	Х			L_			0	0	0
(8)A.C. BUZZY COLEMAN	2.00	Í	l		1					
BOARD MEMBER		Х						0	0	0
(9)THEODORE J. CRADDOCK	2.00		j		1					
BOARD MEMBER		Х						0	0	0
(10)MICHAEL DIMINICK, MD	2.00	]	Ì						1	
BOARD MEMBER	1	Х						0	0	0
(11)THOMAS DELANEY, MD	2.00		İ						İ	
BOARD MEMBER	L	X						0	o	0
(12)MARY JANE DOLAN	2.00		- 1		1					•
BOARD MEMBER		Х						0.	0	0
(13) PAUL F. FITZGERALD, MD	2.00		ĺ							
BOARD MEMBER	<u> </u>	х						. 0	. 0	0
(14)ROBERT H. GILLIAM, JR	2.00			ı						
BOARD MEMBER		X				<u></u>		0	0	0
										E 000 (0044)

Form 990 (2014)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees	(continue	d)	
, (A) Name and title	(B) Average hours per week (list any hours for	(do box,	not c unle	Pos heck ss pe d a d	C) sition more erson lirect	than one that the that the that the that the that the that the the that the the the the the the the the the th	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from amount of other compensations		f
	related organizations below dotted line)	166	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	d
15) JOHN J. HALPIN, MD BOARD MEMBER	2.00	х						0		0		
16) JANET HICKMAN, MD BOARD MEMBER	2.00	x						0		0		
17) YUILLE HOLT, III BOARD MEMBER	2.00	+	<u> </u>		-			0				
18) AUGUSTUS A. PETTICOLAS, DDS BOARD MEMBER	2.00	+	-					0		0		<u>`</u>
19) MARY JANE PRYOR	2.00		$\vdash$		-			0				-
BOARD MEMBER 20) ELLIOT S. SCHEWEL	2.00	-1	1							0		
BOARD MEMBER 21) JOHN H. SORRELLS, III	2.00	-1	-	-	 	L		0		9		
BOARD MEMBER  22) MARK D. TOWNSEND, MD	2.00	4			-			0	250 680	0		260
BOARD MEMBER 23) WALKER P. SYDNOR	2.00		<del> </del>	-	<del> -</del>			0	352,672	+	33,8	162
BOARD MEMBER		x						0		0		
								, , , , , , , , , , , , , , , , , , , ,		ļ		
	·											
1b Sub-total								272,062.	1,339,721 352,672		17,4	
c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)							<b>•</b>	272,062.	1,692,393	+	33,8 51,3	
Total number of individuals (including but no reportable compensation from the organization)	limited to t	hose								<u> </u>		
						_					Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										3		х
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	lf	"Yes	," (	complete Schedui	e J for such	4	X	_
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		X
Section B. Independent Contractors												
Complete this table for your five highest cor compensation from the organization. Report year	npensated i compensati	ndepe on for	ende r the	ent d cal	cont	racto lar ye	rs tl ar e	hat received more ending with or with	than \$100,000 in the organizati	of on's tax		
(A) Name and business a	ldress							(B) Description of se	rvices	(C) Compens	ation	
NONE												
	<del>-</del>		_				L					
2 Total number of independent contractors ( more than \$100,000 in compensation from t				nited		thos 0	e li	sted above) who	j	~~ <sup>7</sup> *	and in	
JSA 4E1055 1 000										Form	990 (	
7904ER 2502		V	14	-7.	3F			2875394			PAG	Æ 9

Form 990 (2014) CENTRA HEALTH FOUNDA			r <u>adruo</u>	CION		54-16040	94 Page <b>9</b>
Pa	irt V						
		<ul> <li>Check if Schedule O contains a response or r</li> </ul>	note to a	ny line in this Part	VIII <u></u>	<u></u>	<u> </u>
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats and state	1a	Federated campaigns 1a					
Sra 10	Ь	Membership dues 1b		1			
ATT	c			]			
ᇐ	d		585,149.	1	1		
ns, Ei	e	Government grants (contributions). 1e					
e f	f	All other contributions, gifts, grants,		1			
풀	İ	and similar amounts not included above . 1f 1,	629,942	1			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$					
	<u> </u>			2,215,091			
Ĭ,	1	Busin	ess Code				
eve	2a			<b>_</b>			<u> </u>
92	Ь			<u> </u>	<u> </u>		
چ	c				<del></del>		
တ္တ	d						
ran	e			<del> </del>	<del></del> -		<del></del>
Program Service Revenue	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a-2f					
	3	Investment income (including dividends, iii		. 504 340			
		and other similar amounts)		1,524,340	<del></del>		1,524,340
	5	Income from investment of tax-exempt bond procee Royalties		0			
			ersonal				
	6a	Gross rents					
	b	Less: rental expenses	-				
	6	Rental income or (loss)					
	ď	Net rental income or (loss)	▶	,			
	7a		Other				
	i	assets other than inventory 29,763,069					
	ь	Less: cost or other basis					
		and sales expenses 28,971,890					
	c	Gain or (loss)				1	1
	đ	Net gain or (loss)	▶	791,179			791,179.
Pe	8a	Gross income from fundraising	İ				ı
en		events (not including \$					
e		of contributions reported on line 1c)					
r.			303,852				
Other Revenue	ь	Less direct expenses b	79,009			-	
Ö	С	Net Income or (loss) from fundraising events	▶	224,843			224,843.
	9a	Gross Income from gaming activities See Part IV, line 19	ļ				
				i			
ļ	Ь	Less. direct expenses b			-	-	
	10a	Gross sales of inventory, less	· · · · ·				
ļ	iva	returns and allowances a					
	ь	Less: cost of goods sold b					
ļ	C	Net income or (loss) from sales of inventory.	▶	0		~	- <del>-</del>
			ss Code		_		
ļ	11a				<u> </u>		
ļ	b						
į	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶ │	0			
$\Box$	12	Total revenue. See instructions	<b>▶</b>	4,755,453	<u></u>		2,540,362.

### Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	ļ			
and domestic governments. See Part IV, line 21	2,184,567.	2,184,567.		
2 Grants and other assistance to domestic				
individuals See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	302,375.		302,375.	_
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	o	1		
7 Other salaries and wages	265,605.		143,427.	122,178
8 Pension plan accruals and contributions (include				<del></del>
section 401(k) and 403(b) employer contributions	d	1		
***	144,326.		108,245.	36,081
9 Other employee benefits	0			30,001
10 Payroll taxes	<del>-                                    </del>	<del></del>	<del></del>	<del></del>
11 Fees for services (non-employees)	32,496.		24,372.	8,124
a Management	240.		240.	0,124
b Legal	22,503.		22,503.	
c Accounting		<del></del>	22,503.	
d Lobbying	0		- <del>-</del>	
e Professional fundraising services See Part IV, line 17.	0			<del></del>
f Investment management fees				
9 Other (If line 11g amount exceeds 10% of line 25, column		İ		
(A) amount, list line 11g expenses on Schedule O)	129,789.		101,564.	28,225
12 Advertising and promotion	7,598.		5,699.	1,899
13 Office expenses	77,638.		59,803.	<u>17,835</u>
14 Information technology	0			
<b>15</b> Royaltres,	0			
16 Occupancy	1,766.		1,324.	442
17 Travel	735.		551.	184
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,719.		4,289.	1,430
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	227.		170.	57
23 Insurance	0	<del></del>		
24 Other expenses Itemize expenses not covered				<del></del>
above (List miscellaneous expenses in line 24e If	İ	1		
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)	Ì	j	j	
· · · · · · · · · · · · · · · · · · ·		<del></del>		
a				
b			<del></del>	<del> </del>
c			<del></del>	
d			<u> </u>	
e All other expenses				<del></del>
25 Total functional expenses Add lines 1 through 24e	3,178,584.	2,187,567.	774,562.	216,455
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	į			
from a combined educational campaign and	İ	ľ		
fundraising solicitation Check here   If				
following SOP 98-2 (ASC 958-720)	o			

Part X	∖ Bal	ance	Sheet

Pledges and grants receivable, net   2,157,671, 3   2,093,887,	ع ب	11 A					<del></del>
1 Cash - non-interest-bearing			Check it Schedule O contains a response o	r note to any line in this P		<del></del>	
2 Savings and temporary cash investments.  3 Pledges and grains receivable, net  4 Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L  6 Loans and other receivables from other discusified persons (as defined under section 4958(17(1)), persons described in section 4958(c13(8) and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventiones for sale or use  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  101 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  102 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  103 Investments - publicity traded securities  11 Investments - publicity traded securities  12 Investments - publicity traded securities  13 Investments - prograin-related See Part IV. line 11  14 Integration of the securities See Part IV. line 11  15 Other assets See Part IV. line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Capital section or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D  21 Capital schedule D  22 Capital schedule D  23 Secured mortgages and notes payable to unrelated thrid parties  24 Unsecured notes and loans payable to unrelated thrid parties  25 Other liabilities of Complete Part II of Schedu		,			Beginning of year		End of year
2 Savings and temporary cash investments.  3 Pledges and grains receivable, net  4 Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Scheduls L  6 Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Scheduls L  6 Leans and other receivables from other disquisified persons (se defined under section 4958(r(II)), persons described in section 9958(c(3)(8) and contributing employers and sponsoring organizations of section 501(c(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Scheduls L  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10 Less. accumulated depreciation  10 Less. accumulated depreciation  11 Investments - publicly traded securities  12 Investments - publicly traded securities  13 Investments - publicly traded securities  14 Interstments - publicly traded securities  15 Other assets See Part IV, line 11  16 Other assets See Part IV, line 11  17 Accounts payable and accused expenses.  18 Crants payable and accused expenses.  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Crants payable and accused expenses.  22 Complete Part IV of Schedule D  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Other liabilities (including federal income ax, payables to related third parties.  27 Organizations that follow \$FAS 117 (ASC 958), check here   Land and complete lines 27 through 25.  28 Total ilabilities not niculated on lines 17-24). Complete Part X of Schedule D  29 Personal process of the payable to unrelated third parties.  20 Capital stock or frust principal, or current funds  21 Unrescruted inea 33 through 33, and 11 ines 3		1	Cash - non-interest-bearing		4,322,204.	1	5,244,967.
4   Accounts receivable, net   5   Coars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.   Complete Part II of Schedule L		2	Savings and temporary cash investments		788,696.	2	1,240,356.
4 Accounts receivable, net   5,700, 4   6   6   6   6   6   6   6   6   6		3	Pledges and grants receivable, net		2,157,671.	3	2,093,887.
S   Loans and other receivables from current and former officers, directors, trustetes, key employees, and highest compensated employees. Complete Part II of Schedule L   C   C   C   C   C   C   C   C   C		4	Accounts receivable, net		5,700.	4	(
Complete Part I of Schedule L 6 Loans and other recevuebbles from other disqualified persons (as defined under section 4958(I/11), persons described in section 4958(G/3/6), and contributing employers and sponsoring organizations of section 501 (C/39) voluntary employers beneficiary organizations (see instructions). Complete Part I of Schedule L 7 Notes and loans receivable, net to Schedule D 10a 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b		5	Loans and other receivables from current and	former officers, directors,			
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of sections 50 1 (c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part I of Schedule L							
4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of sections 50 1 (c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part I of Schedule L			Complete Part II of Schedule L	,.,.,	c	_5	
and sponsoring organizations of section 501 (x)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		6	Loans and other receivables from other disqualified pers	sons (as defined under section			
Notes and loans recewable, net   0, 7   0, 10		1	and sponsoring organizations of section 501(c)(9) volu	untary employees' beneficiary	i		
Prepaid expenses and deferred charges   0   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D   10a   910, 215.	s	1	organizations (see instructions) Complete Part II of Sche	edule L	C		(
9   Prepaid expenses and deferred charges   0   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part I/of Schedule D   10a   910, 215   10b   6, 489   903, 953   10c   903, 726   11   Investments - publicity traded securities   35, 926, 113   11   36, 765, 591   12   Investments - program-related See Part IV. Ime 11   23,889,695   12   23,731,790   13   Investments - program-related See Part IV. Ime 11   23,889,695   12   23,731,790   13   Investments - program-related See Part IV. Ime 11   0   15   0	set	7	Notes and loans receivable, net			7	
9   Prepaid expenses and deferred charges   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   910, 215     10   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   11   Investments - publicly traded securities   35, 926, 113, 11   36, 765, 591.     11   Investments - other securities   See Part IV. Inine 11   23, 889, 695, 12   23, 731, 790.     13   Investments - program-related   See Part IV. Inine 11   23, 889, 695, 12   23, 731, 790.     14   Intangble assets   13   (14   (15   16   (16   16   (16	As	8	Inventories for sale or use		0	8	
other basis. Complete Part VI of Schedule D b Less. accumulated depreciation		9	Prepaid expenses and deferred charges	, ,	C	9	
b Less. accumulated depreciation.   10b   6,489   903,953, 10c   903,726.		10 a	, ,	}	i i		
11   Investments - publicly traded securities   35, 926, 113.   11   36, 765, 591.     12   Investments - other securities See Part IV, line 11   23, 889, 695, 12   23, 731, 790.     13   Investments - program-related See Part IV, line 11   0   13   0   0     14   Intangible assets   0   14   0   0   15   0     15   Other assets See Part IV, line 11   0   15   0   15   0     16   Total assets. Add lines 1 through 15 (must equal line 34)   67, 994, 032.   16   69, 980, 317.     17   Accounts payable and accrued expenses   48, 134.   17   73, 889.     18   Grants payable   0   18   0   0   0   0     19   Deferred revenue   0   19   0   0   0     20   Tax-exempt bond liabilities   20   0   0   0   0     21   Escrow or custodial account liability Complete Part IV of Schedule D   0   21   0   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   0   0   2   0   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0   0   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0   0   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   90, 420. 25   228, 298.     26   Total liabilities. Add lines 17 through 25   138, 554. 26   302, 187.     27   Organizations that follow SFAS 117 (ASC 958), check here							
12   Investments - other securities See Part IV, line 11   23,889,695. 12   23,731,790.     13   Investments - program-related See Part IV, line 11   0   13   0     14   Intangible assets   0   14   0     15   Other assets See Part IV, line 11   0   15   0     16   Total assets. Add lines 1 through 15 (must equal line 34)   67,994,032. 16   69,980,317.     17   Accounts payable and accrued expenses   48,134. 17   73,889     18   Grants payable   0   18   0     19   Deferred revenue   0   19   0     20   Tax-exempt bond liabilities   20   0   0     21   Escrow or custodial account liability Complete Part IV of Schedule D   0   21   0   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquified persons Complete Part IV of Schedule L   0   22   0   0     23   Secured mortgages and notes payable to unrelated third parties   0   23   0   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0   0     25   Other ilabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   90,420. 25   228,298.     25   Total liabilities Not included on lines 17-24). Complete Part X of Schedule D   90,420. 25   228,298.     26   Total liabilities X Add lines 17 through 25   30,090,117, 28   30,117, 722.     27   Total liabilities Add lines 17 through 29, and lines 33 and 34.   30   30,090,117, 28   32,111, 722.     28   Temporarity restricted net assets   30,090,117, 28   32,111, 722.     29   Permanently restricted net assets   30,090,117, 28   32,111, 722.     29   Permanently restricted net assets   30,090,117, 28   32,111, 722.     20   Capital stock or trust principal, or current funds   31   32   32   33   34   34   34   34   34		b					
13   Investments - program-related See Part IV, line 11			Investments - publicly traded securities		35,926,113.		36,765,591.
14   Intangible assets							23,731,790.
15 Other assets See Part IV, line 11							
16   Total assets. Add lines 1 through 15 (must equal line 34)   67,994,032. 16   69,980,317.     17   Accounts payable and accrued expenses   48,134. 17   73,889.     18   Grants payable   0   18   0     19   Deferred revenue   0   19   0     20   Tax-exempt bond liabilities   0   20   0     21   Escrow or custodial account liability Complete Part IV of Schedule D   21   0     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   0   22   0   0     23   Secured mortgages and notes payable to unrelated third parties   0   24   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   90,420   25   228,298.     26   Total liabilities. Add lines 17 through 25   138,554   26   302,187.     27   Unrestricted net assets   8,031,132   27   7,832,179.     28   Temporarily restricted net assets   8,031,132   27   7,832,179.     29   Permanentily restricted net assets   30,090,117   28   32,111,722.     29   Permanentily restricted net assets   29,734,229   29   29,734,229.     29   29,734,229   29   29,734,229.     29   29,734,229   29   29,734,229.     29   29,734,229   29   29,734,229.     29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29,734,229   29   29,734,229.     29   29   29   29,734,229.     29   29   29   29   29   29   29			Intangible assets				
17		į				<b></b>	
18   Grants payable   0   18   0   19   0   19   0   19   0   19   0   10   1		<del>                                     </del>					
19   Deferred revenue		i i					
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25. 27 Complete Part X of Schedule D 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 0,090,117, 28 32,111,722. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 34 Total liabilities and net assets/fund balances. 36 7,855,478, 33 69,678,130.			Grants payable				<u></u>
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here Accomplete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 36 C7,855,478. 38 G9,678,130.		1	Deferred revenue		0		0
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		ı	Tax-exempt bond liabilities		0		
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 0,090,117 28 32,111,722. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 7,994,032. 34 69,980,317.	ies	l				21	0
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 0,090,117 28 32,111,722. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 7,994,032. 34 69,980,317.	Ĕ	22					
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 0,090,117. 28 32,111,722. 31 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 36 7,855,478. 33 69,678,130.	į						
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here of part X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here of particular displays and complete lines 30 through 34  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  67,994,032. 34  Other liabilities (including federal income tax, payables to related third parties and payables to related third parties.  90,420. 25  228,298.  138,554. 26  302,187.  7,832,179.  28,031,132. 27  7,832,179.  29,734,229. 29  29,734,229. 29  29,734,229. 29  29,734,229. 30  30,090,117. 28  32,111,722.  29,734,229. 29  29,734,229. 30  30,090,117. 30  30  40,090,117. 28  31,117,722.  31,117,722.  32,734,229. 29  32,734,229. 30  32,734,229. 30  33,090,117. 30  34,090,117. 30  36,090,117. 30  37,832,179.  38,00,090,117. 30  39,090,117. 30  30,0	_	Í					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Universtricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Complete lines 10 through 25.  29 Particled net assets  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Total liabilities and net assets/fund balances  Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Total liabilities and net assets/fund balances  Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Complete lines 30 through 34.  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Capital stock or trust principal, or current funds  Cap		!					
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25						24	
of Schedule D		25					
26		1			I .	0.5	222 222
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34  Retained earnings, endowment, accumulated income, or other funds  Total liabilities and net assets/fund balances  Organizations that follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  Solutions that do not follow SFAS 117 (ASC 958), check here and and complete lines 30 through 34  S		20	Total liabilities Add lines 17 through 25	• • • • • • • • • • • • • • • • • • • •	90,420.		
Complete lines 27 through 29, and lines 33 and 34.		20				26	302,107.
27   Unrestricted net assets   8,031,132   27   7,832,179     28   Temporarily restricted net assets   30,090,117   28   32,111,722     29   Permanently restricted net assets   29,734,229   29,734,229     29   Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34   30   Capital stock or trust principal, or current funds   31     30   Paid-in or capital surplus, or land, building, or equipment fund   31     31   Retained earnings, endowment, accumulated income, or other funds   32     32   Total net assets or fund balances   67,855,478   33   69,678,130     34   Total liabilities and net assets/fund balances   67,994,032   34   69,980,317	Š		complete lines 27 through 29 and lines 33 and	34			
30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   67,855,478   33   69,678,130     34   Total liabilities and net assets/fund balances   67,994,032   34   69,980,317	2	27			8 031 132	27	7 932 179
Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  31  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  32  Capital stock or trust principal, or current funds  33  Capital stock or trust principal, or current funds  34  Capital stock or trust principal, or current funds  37  Capital stock or trust principal, or current funds  37  Capital stock or trust principal, or current funds  37  Capital stock or trust principal, or current funds  38  Capital stock or trust principal, or current funds  39  Capital stock or trust principal stock or trust principal stock pri	ala	1					
30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   67,855,478   33   69,678,130     34   Total liabilities and net assets/fund balances   67,994,032   34   69,980,317	9	ı	Permanently restricted net assets		29 734 229		
Total liabilities and net assets/fund balances 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 67,855,478 33 69,678,130.  Total liabilities and net assets/fund balances 67,994,032 34 69,980,317.	اڃ				237,317223.		25/154/225.
30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building, or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total net assets or fund balances   67,855,478   33   69,678,130     34   Total liabilities and net assets/fund balances   67,994,032   34   69,980,317	<u></u>			, check here			
Paid-in or capital surplus, or land, building, or equipment fund   31		30	Capital stock or trust principal, or current funds		1	30	
33 Total net assets or fund balances 67,855,478 33 69,678,130. 34 Total liabilities and net assets/fund balances 67,994,032 34 69,980,317.	se		Paid-in or capital surplus, or land, building, or equ	upment fund			
2       33       Total net assets or fund balances       67,855,478.       33       69,678,130.         34       Total liabilities and net assets/fund balances       67,994,032.       34       69,980,317.	As		Retained earnings, endowment, accumulated inc	ome, or other funds		_	<u> </u>
<b>34</b> Total liabilities and net assets/fund balances	٦		Total net assets or fund balances		67.855.478	_	69,678.130
	-	1	Total liabilities and net assets/fund balances		67,994.032.		
Farm <b>QQN</b> (2014)	_						Form <b>990</b> (2014)

Form 9	90 (2014)			Pi	age I∠
Part	XI Reconciliation of Net Assets				
_ ,	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		755,	453.
2	Total expenses (must equal Part IX, column (A), line 25)	2		L78,	
3	Revenue less expenses Subtract line 2 from line 1	3	1,5	76,	869.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,8	355,	478.
5	Net unrealized gains (losses) on investments	5	2	245,	783.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	69,6	78,	130.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u> .		
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain in			
	Schedule O		ł		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both.		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis		ł		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both			{	[
	Separate basis Consolidated basis X Both consolidated and separate basis		Ī		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight		!	
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		
	the Single Audit Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undorgo such aud	ite	25.	I	

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

CE	ENTRA HEALTH FOUNDATION 54-1604094								-1604094
Pa	rt I	Reason	for Public Cha	arity Status (All o	organizations must	comple	te this pa	art.) See instructions	i
The	orga	anization is r	not a private fou	indation because if	t is: (For lines 1 thro	ugh 11, c	heck only	one box )	
1	$\square$	A church, c	onvention of chi	urches, or associa	tion of churches des	cribed in	section 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
	hospital's name, city, and state								
5		An organiza	ation operated	for the benefit of	a college or univers	ity owne	d or ope	erated by a governme	ental unit described in
		section 170	)(b)(1)(A)(iv). (C	Complete Part II)					
6				_	rnmental unit describ				
7						upport fr	om a go	vernmental unit or fro	om the general public
				)(1)(A)(vi). (Compl	•				
8	$\square$				o)(1)(A)(vi). (Complet				
9		-				• •		contributions, memb	
					•			tions, and (2) no mo	
								e (less section 511	tax) from businesses
					975 See section <b>509</b>			· · · · · · · · · · · · · · · · · · ·	
10		-	=	•	usively to test for pub	-			
11						-		functions of, or to car	• •
								ion 509(a)(2). See see	
								and complete lines 11	
а								orted organization(s),	
						elect a m	najority o	f the directors or trus	tees of the supporting
٠.		7		omplete Part IV, S					/-\
b	L							supported organizati	
						the sam	ie persor	s that control or mar	age the supported
С		1			, Sections A and C.	_4		nth. and from attamp	
٠	L				ng organization opera is) You must comple			n with, and functiona	ily integrated with,
ď								ection with its suppor	ted erganization(s)
u	L					=		oution requirement and	*
					omplete Part IV, Sect			•	a an altentiveness
е								hat it is a Type I, Type I	II Tyne III
Ĭ					ionally integrated sup				n, type in
f	Ent								
g					orted organization(s).				
	(i) Na	me of supporte	ed organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-9 above or IRC section	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
					(see instructions))	docu	ilent:	instructions)	manuciona)
	ATTA	CHMENT 1				Yes	No		
(A)									
<del></del>						ļ			
(B)						1			
/C\			<del></del>			<del> </del>			
(C)									
(D)			i						
(E)			<del></del>			<del> </del>			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

1,514,837.

<u>Total</u>

Page	2
- Cog C	-

Pai	til Support Schedule for Orga						
٠	(Complete only if you checket Part III. If the organization fai						alify under
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	·	<del></del>		ļ	<del></del>	<del></del>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_ 6	Public support. Subtract line 5 from line 4						T
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		L		L	<u> </u>	<u> </u>
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge			·	
14	Public support percentage for 2014 (lin					14	%_
15	Public support percentage from 2013						%
16a	331/3% support test - 2014. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2013. If the o						
	check this box and stop here. The orga		-				
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets t						4 1
	organization						
b	10%-facts-and-circumstances test - 2		_				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-	•	
18	supported organization	did not check a	a box on line 13	, 16a, 16b, <b>17</b> a,	or 17b, check	this box and se	e
	instructions	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<u> </u>	<u> </u>	

Sched	uie	A (F	orm	990	OL ;	990-	EZ) 2	014

Part III	•		40-6		1	A	!	4:	D	!	4 :	041 -	- FAA/	- > /4	^\
124:14 (2)   10	. 3	uppor	t acn	eaule 1	OF	Uraz	anıza	Itions	Desc	crined	ı ın	Sectio	ท วบรเ	au.	<b>2</b> 1
	_												,	~, (∙	-,

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	<del></del>	<u>-</u>				<u> </u>			
Sec	tion A. Public Support		T						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(4	e) 2014	(f) Tota	<u> </u>
1	Gifts, grants, contributions, and membership fees							Ì	
	received (Do not include any "unusual grants ")	ļ		<del></del>		ļ		<del></del>	
2	Gross receipts from admissions, merchandise					1			
	sold or services performed, or facilities		:	1		ļ			
	furnished in any activity that is related to the								
	organization's tax-exempt purpose	ļ <u> </u>				<u> </u>		<del></del>	
3	Gross receipts from activities that are not an							Ì	
	unrelated trade or business under section 513	<u> </u>			ļ	ļ		<del></del>	
4	Tax revenues levied for the				1			ı	
	organization's benefit and either paid							ı	
	to or expended on its behalf				<del></del>	<del>  -</del>			<del></del>
5	The value of services or facilities								
	furnished by a governmental unit to the								
_	organization without charge	ļ	<u></u>		<del> </del>	<b>├</b>			
_	Total. Add lines 1 through 5	<u> </u>	<del></del>		ļ	<del> </del>			
/a	Amounts included on lines 1, 2, and 3	Í				İ			
b	received from disqualified persons Amounts included on lines 2 and 3		-						—
	received from other than disqualified								
	persons that exceed the greater of \$5,000	1	)						
	or 1% of the amount on line 13 for the year	<del></del>	<del></del>			<del> </del>			
	Add lines 7a and 7b	<del></del>			<del></del>	-			
8	Public support (Subtract line 7c from				ļ		ŀ		
Sec	tion B. Total Support	l	L	L—————	L	<del></del>			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	2014	(f) Tota	 al
	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans,					_	-		
	rents, royalties and income from similar sources								
b	Unrelated business taxable income (less					l			
	section 511 taxes) from businesses			j					
	acquired after June 30, 1975								
C	Add lines 10a and 10b								
11	Net income from unrelated business					1			
	activities not included in line 10b, whether or not the business is regularly								
	carried on								
12	Other income Do not include gain or								
	loss from the sale of capital assets					1			
	(Explain in Part VI)	<u></u>				<del> </del>			
13	Total support (Add lines 9, 10c, 11,								
	and 12)	L	L			<u> </u>			
14	First five years. If the Form 990 is for	•	•		•			,,,,	
800	organization, check this box and stop here			<u></u>	·····	<u>· · · · ·</u>	<del></del>	<u>,.</u> ▶	$\perp \perp$
	Bublic Support Secretary for 2014 (line 8			(6))	<del></del>	T T			
15 16	Public support percentage for 2014 (line 8					15			
16	Public support percentage from 2013 Scho			•••••	· · · · · · · · ·	16			_ <u>%_</u>
	tion D. Computation of Investmen			12 only == /f)		] 4~ T			
17 18	Investment income percentage for 2014 (li					17			<u>%</u>
	Investment income percentage from 2013					18	224/20/	and line	_%_
199	331/3% support tests - 2014. If the or								
<b>h</b>	17 is not more than 331/3%, check th								<b>Ш</b>
D	331/3% support tests - 2013. If the orgaline 18 is not more than 331/3%, check								
20	Private foundation. If the organization								$\vdash$
SA		THE HOL CHECK	2 207 011 11110	, 13a, 01 190			e A (Form 9		2014

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations		137	
4	Are all of the programation's appropriate programations listed by some in the appropriate of according		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated <b>If</b> designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1_	x	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		х
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^{\circ}$ If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	5c		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		х
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		х
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9¢		х
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

JSA 4E1229 2 000

2875394

7904ER 2502

JSA

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 . Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E	(5) 0
Section A - Adjusted Net Income	1	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		+
3 Other gross income (see instructions)	3		<del> </del>
4 Add lines 1 through 3	4		<del></del>
5 Depreciation and depletion	5		<del></del>
6 Portion of operating expenses paid or incurred for production or		<del> </del>	<del></del>
collection of gross income or for management, conservation, or	11		1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del> </del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		+
6 Adjusted Net Income (Subtract lines 5, 6 and 7 from line 4)	18		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	ľ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<del></del>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting	organization (see
instructions)	_		

Schedule A (Form 990 or 990-EZ) 2014

Dago	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	xempt purposes						
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	zations						
4	Amounts paid to acquire exempt-use assets		· <del></del>					
5_	Qualified set-aside amounts (prior IRS approval required)		<del> </del>					
6	Other distributions (describe in Part VI). See instructions		<u> </u>					
	Total annual distributions. Add lines 1 through 6.		<del></del>					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2014 from Section C, line 6							
_10_	Line 8 amount divided by Line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
_1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014			· — —				
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014.							
a			<del></del>					
b	<del></del>							
c								
d_								
e	From 2013							
<u>f</u>	Total of lines 3a through e		' 					
<u>g</u>	Applied to underdistributions of prior years		 	<del></del>				
<u>h</u>	Applied to 2014 distributable amount	<u> </u>						
_ <u>i</u>	Carryover from 2009 not applied (see instructions)							
J_	Remainder Subtract lines 3g, 3h, and 3i from 3f  Distributions for 2014 from Section			<del></del>				
4	D, line 7.							
a	Applied to underdistributions of prior years			<del></del>				
<u>b</u>	Applied to 2014 distributable amount	<del></del>		<del> </del>				
<u>c</u>	Remainder Subtract lines 4a and 4b from 4.			<del></del>				
5	Remaining underdistributions for years prior to 2014, if							
•	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
<del>-</del>	Remaining underdistributions for 2014. Subtract lines 3h							
-	and 4b from line 1 (if amount greater than zero, see		į					
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
a				<del></del>				
b								
C								
d	Excess from 2013							
e	Excess from 2014							

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT S  (I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATIO  (III) TYPE OF  ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
CENTRA HEALTH, INC	54-0715569	03	x	1,514,837	0
TOTAL AMOUNT OF SUPPORT				1,514,837.	0

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name	the organization		Employer identification number
CENT	RA HEALTH FOUNDATION		54-1604094
Part	Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1 T	otal number at end of year		
		<u> </u>	
	ggregate value of contributions to (during year)		
	ggregate value of grants from (during year)		
	ggregate value at end of year		
	nd the organization inform all donors and donor	_	
	ands are the organization's property, subject to the		
	id the organization inform all grantees, donors,		
	nly for charitable purposes and not for the bene		
	onferring impermissible private benefit?		Yes L No
Part			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1 P	urpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e.g., red	reation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
Į	Preservation of open space		
2 C	omplete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
	asement on the last day of the tax year	·	Held at the End of the Tax Year
	otal number of conservation easements		2a
	otal acreage restricted by conservation easement		2b
	umber of conservation easements on a certified		2c
	umber of conservation easements included in (	• •	
	istoric structure listed in the National Register		2d
	umber of conservation easements modified, trai	isieried, released, extinguished, or termin	lated by the organization during the
	ax year ►		
	umber of states where property subject to conse		
	oes the organization have a written policy re		
	olations, and enforcement of the conservation ea		
6 S	taff and volunteer hours devoted to monitoring, is	rspecting, and enforcing conservation eas	ements during the year
•	·		
	mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemer	nts during the year
	·\$		
8 D	oes each conservation easement reported on lin	e 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(ı)
а	nd section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	🗀 Yes 🗀 No
9 In	Part XIII, describe how the organization reports	conservation easements in its revenue and	d expense statement, and
b	alance sheet, and include, if applicable, the text of	of the footnote to the organization's financi	al statements that describes the
0	ganization's accounting for conservation easeme	nts	
Part			r Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a If	the organization elected, as permitted under SI	FAS 116 (ASC 958), not to report in its r	revenue statement and balance shee
w	orks of art, historical treasures, or other similablic service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, educ	cation, or research in furtherance of
b If	the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	orks of art, historical treasures, or other similar ublic service, provide the following amounts relating the control of the		cation, or research in furtherance of
•	.,	3	<b>&gt;</b> ¢
	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	the organization received or held works of ai		• • • • • • • • • • • • • • • • • • • •
	llowing amounts required to be reported under S		
a R	evenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	· · · · · · · • • • • • • • • • • • • •
	ssets included in Form 990, Part X		
For Pap	erwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 2014
4E1268 1	000		

Pai	t III Organizations Maintaini	ng Collections o	f Art, His	torical T	reasur	es, c	or Oth	er Simila	r Asse	ts (cont	inued)
3	Using the organization's acquisition		other reco	rds, chec	k any o	f the	follow	ing that ar	e a sigr	nificant u	se of its
	collection items (check all that app	ly)·	_	_							
a	Public exhibition		d  _		or excha						
Ь	Scholarly research		e	_ Other	~						
C	Preservation for future gene										
4	Provide a description of the organ	nization's collection	s and expl	ain how t	they fur	ther	the org	anization's	exemp	t purpose	n Part
_	XIII.										
5	During the year, did the organization									<b>-</b>	
	assets to be sold to raise funds rath									Yes	No No
Pai	t IV Escrow and Custodial Ar			ne organ	ization	ansv	vered "	'Yes" to F	orm 99	0, Part IV	/, line 9,
	or reported an amount or	1 Form 990, Part	A, line 21.		-						
1.	le the organization an agent truste	o austadian or oth	or interme	tions for a	ontribut		ar athar	acceta nat			
ıa	Is the organization an agent, truste									Yes	
h	Included on Form 990, Part X? If "Yes," explain the arrangement a								٠٠٠ لـ	res	∐ No
	ii res, explain the arrangement	ii Fait Aili ailu Coili	piete trie io	nowing tal	oie [			۸۵	nount		
С	Beginning balance				}	4-		All	ilouni		
	Additions during the year							-			
e	Distributions during the year										
f	Ending balance					1f					
	Did the organization include an am						todial s	account liah	ulity?	Yes	No
	If "Yes," explain the arrangement i										H"
	t V Endowment Funds. Com										
		(a) Current year	(b) Pric		(c) Two			(d) Three ye		(e) Four v	ears back
1a	Beginning of year balance	42,984,832.		8,253.			229.	29,734			34,229.
	Contributions		,						,		
С	Net investment earnings, gains,										
	and losses	501,833.	5,13	4,898.	2	293,	321.	374	,984.	3	36,616.
d	Grants or scholarships								,		<u></u>
	Other expenditures for facilities				_						
	and programs	542,923.	33	8,319.	2	293,	321.	374	,984.	3	36,616.
f	Administrative expenses			<del></del>							
	End of year balance	42,943,742.	42,98	4,832.	29,7	734,	229.	29,734	,229.	29,7	34,229.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column	(a)) h	reld as	•			
а	Board designated or quasi-endown	nent ▶ 2.1400	0 %								
	Permanent endowment ▶67.1		_								
С	Temporarily restricted endowment	<b>▶</b> 30.7600 %									
	The percentages in lines 2a, 2b, ai	nd 2c should equal 1	100%								
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	d and	admını	stered for t	he		
	organization by									Y	es No
	(i) unrelated organizations									3a(i)	Х
	(ii) related organizations									3a(ii)	Х
b	If "Yes" to 3a(II), are the related or									3b	
4	Describe in Part XIII the intended u										
Par	t VI Land, Buildings, and Equi Complete if the organiza	i <b>pment.</b> fion answered "V	e" to Forn	n aan D	art IV li	ina 1	12 50	a Form 00	O Dad	Y line 1	10
	Description of property		r other basis		or other bas		(c) Accu			I) Book valu	
4.		(inves	stment)		ther)			ciation			
	Land		903,038.	-	<del></del>	_				90	<u>3,038.</u>
b	Buildings		<u></u>	ļ		$-\!\!\!\!+$			<del> </del>		
C	Leasehold improvements							C 455			
d	Equipment			-	7,17	'/-		6,489.		-	688.
	Other		m 000 Dod	V octure	(P) to:	0.10/	al 1				2 706
iota	. Add lines to through te (Column	(u) must equal FOR	n 990, Pan	A, COIUM	ı (¤), IIN	e 10(C	<i>1).)</i>	▶	Schod		3,726.

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
	al derivatives	<del></del>	
	-held equity interests	<del></del>	
(3) Other_			
	EFICIAL INTEREST IN		
	RITABLE REMAINDER AND		
	PETUAL TRUSTS	<u>23</u> ,731,790.	FMV
(D)			
<u>(E)</u>			
<u>(F)</u>			
(G)			
(H)			
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	23,731,790.	
Part VIII	Investments - Program Related.		
	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<del></del>
	n (b) must equal Form 990, Part X, col (B) line 13)	<del>-</del>	
			<u> </u>
Part IX	Other Assets.  Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
_(2)			
_ (3)			
_(4)			
_(5)		·	
(6)			
(7)			
(8)			
(9)			
Total. (Col	umn (b) must equal Form 990, Part X, col (B) li	ne 15.)	
Part X	Other Liabilities.		
		"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability	(b) Book valu	ie .
	ral income taxes	`	
	RRED ANNUITY PAYMENTS	65,	162.
	TO AFFILIATED ENTITY	163,	<del></del>
(4)	TO MILLER BUILTI	103,	<del></del>
(5)		<del>-  </del>	
(6)		<del></del>	
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 25)		
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

1	Total revenue, gains, and other support per audited financial statements	1	5,080,245.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a	245,783.		
	Donated services and use of facilities			]	
	Recoveries of prior year grants				
	Other (Describe in Part XIII )		79,009.		
	Add lines 2a through 2d			2e	324,792.
3	Subtract line 2e from line 1			3	4,755,453.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	4,755,453.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		3,257,593.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII ) 2d 79,009.		
е	Add lines 2a through 2d	2e	79,009.
3	Subtract line 2e from line 1	3	3,178,584.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,178,584.

Part XIII Supplemental Information.

Provide	the de	escription	ons requ	ired for	Part II,	lines 3	3, 5, 8	and	9; Pai	rt III, i	lines	1a and	4, Pa	rt IV,	lines 1	b and	2b, Pa	art V, Ī	line 4	; Part >	(, line
2, Part	XI, line	s 2d ai	nd 4b, ai	nd Part	XII, line	s 2d a	nd 4t	o. Al	so co	mplet	te this	s part	to pro	vide a	iny ad	ditional	Inforr	nation	1		
		_								•		•	•		-						
SEE	PAGE	5												- <del></del> -							

		 <b></b>	
<del></del>		 	
		 <del></del>	- ~
<del></del>		 	- <i></i>
<b></b>			
	<b></b>	 	
<del>-</del>		 	
		 	· <del></del>

JSA 4E1271 1 000 Schedule D (Form 990) 2014

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 45 INDIVIDUAL FUNDS

### Part XIII Supplemental Information (continued)

FORM SCH D PART V LINE 4

ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH

DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF

DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GAAP, NET ASSETS

ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD

OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED

ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE FOUNDATION HAS A POLICY OF REQUESTING FOR DISTRIBUTION EACH YEAR

EITHER NET INCOME OF THE ASSET OR A PERCENTAGE OF THE ASSETS AVERAGE FAIR

VALUE, WHICH RESULTS IN AN AVERAGE NET CASH DISTRIBUTION OF 2.5% OF TOTAL

ASSETS. ACCORDINGLY, OVER THE LONG TERM, THE FOUNDATION EXPECTS THE

CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF

4.4% ANNUALLY. THIS IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO

MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY

AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND

INVESTMENT RETURN.

### FORM SCH D PART X LINE 2

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING

FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL

AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT

HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER

31, 2014. THE FOUNDATION BELIEVES THEY ARE NO LONGER SUBJECT TO INCOME

TAX EXAMINATIONS FOR YEARS PRIOR TO DECEMBER 31, 2011.

Schedule D (Form 990) 2014

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENT EXPENSES

\$79,009

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS

SPECIAL EVENT EXPENSES

\$79,009

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 .
2014
Open to Public

Name of the organization		-	<del></del>	Employer identificati	on number
CENTRA HEALTH FOUNDATION				54-160409	4
Part I Fundraising Activities. Cor	nplete if the orga	nization answere	d "Yes" to Form 9	90, Part IV, line	17.
Form 990-EZ mers are not					
1 Indicate whether the organization rai	sed funds through	any of the following	g activities Check	all that apply.	
a Mail solicitations	е		of non-government of		
b Internet and email solicitations	f		of government grant	:S	
c Phone solicitations	g	Special fund	raising events		
d In-person solicitations					
2a Did the organization have a written or key employees listed in Form 990	), Part VII) or entity	in connection wit	n professional fundra	aising services?	Yes No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the		(fundraisers) purs	uant to agreements	under which the	fundraiser is to be
(i) Name and address of individual		(III) Did fundraiser ha		(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	custody or control of contributions?	from activity	fundraiser listed in col (i)	(or retained by) organization
1		Yes No			
2					
3					
4					
5		<del>                                     </del>	-	1	<del> </del>
6			İ		
7					,
8					
9				<del></del>	
40		<u> </u>			
10					
Total					
3 List all states in which the organiza	tion is registered of	or licensed to soli	cit contributions or	has been notified	It is exempt from
registration or licensing.					W IS CASHIPT HOW
		<del> </del>			
· · · · · · · · · · · · · · · · · · ·					
		<del></del>			

Part II	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
•	gross receipts greater than \$5,000

	•	gross receipts greater than \$5,0		ss income on Form 990	J-LZ, lines I and op 1	List events with
			(a) Event #1 LOVE OF CHILDRE	(b) Event #2 SACKETT HEART	(c) Other events	(d) Total events (add col. (a) through
an.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	59,873.	79,875.	164,104.	303,852
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	59,873.	79,875.	164,104.	303,852
		<u> </u>	33,013.	75,673.	101,104.	
	4	Cash prizes			1,320.	1,320
	5	Noncash prizes	10,594.		126.	10,720
suses	6	Rent/facility costs	1,260.		2,794.	4,054
Direct Expenses	7	Food and beverages	12,843.	540.	9,237.	22,620
Direc	8	Entertainment	750.	16,996.	5,000.	22,746
	9	Other direct expenses	3,171.	6,561.	7,817.	17,549
	10	Direct expense summary Add lines 4	through 9 in column (d)	· · · · · · · · · · · · · · · · · · ·		79,009.
	11 rt l	Net income summary Subtract line 1  Gaming. Complete if the organical subtract line 1	0 from line 3, column (d	)	▶	224,843.
		than \$15,000 on Form 990-E	Z, line 6a.	es to roilli 990, Par	tiv, line 19, or repo	rtea more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses		Cash prizes	<u>-</u>			
zxbeni	3	Noncash prizes			· · · ·	
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
					NO	
	7	Direct expense summary Add lines 2	through 5 in column (d)		▶	
	8	Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	. <u></u>	
9	F	nter the state(s) in which the organizati	on conducts gaming as	truties:		
а		the organization licensed to conduct g				Yes No
b		"No," explain:				

Schedule G (Form 990 or 990-EZ) 2014

Yes

**b** If "Yes," explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?....

# CENTRA HEALTH FOUNDATION 54-1604094 . Schedule G (Form 990 or 990-EZ) 2014 Does the organization conduct gaming activities with nonmembers?......... Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity Indicate the percentage of gaming activity conducted in. 13 Enter the name and address of the person who prepares the organization's gaming/special events books and records. Name ▶\_\_\_\_\_\_ Address ▶\_\_\_\_\_ 15 a Does the organization have a contract with a third party from whom the organization receives gaming **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$\_\_\_\_\_. c If "Yes," enter name and address of the third party Name ▶ \_\_\_\_\_ Address ► Gaming manager information 16 Name ▶\_\_\_\_\_\_ Gaming manager compensation ▶ \$ \_\_\_\_\_ Description of services provided ▶ \_\_\_\_\_

Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and

Independent contractor

Employee

or spent in the organization's own exempt activities during the tax year > \$

Schedule G (Form 990 or 990-EZ) 2014

Director/officer

Mandatory distributions

Part IV

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014	Open to Public
------	----------------

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer Identification number

54-1604094

Consider the control of the control
GILL General Information on Grants and Assistance

Department of the Treasury Internal Revenue Service

ŝ ...... × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRA HEALTH, INC.							CHARITABLE
1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-0715569	501 (C) (3)	1,514,837.		N/A	N/A	CONTRIBUTION
(2) AMAZEMENT SQUARE							HEALTHY MIND 6
27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501 (C) (3)	202,000.		N/A	N/A	AONY EYHTET#
(3) AMERICAN HEART ASSOCIATION	-	-					TIGUING TOOL
4217 PARK PLACE GLEN ALLEN, VA 23060	13-5613797	501 (C) (3)	10,000.		4/N	872	SUFFURI CPR
(4) BLUE RIDGE MEDICAL CENTER						W/W	ANITIME PROGRAM
A018 THOMS IN NO 150 A	1						PURCHASE OF MEDICAL
TOTAL METODIA DEPOSIT	24-1777147	501 (C) (3)	12,000.		N/A	N/A	SUPPLIES/EQUIPMENT
(5) CENTRAL VA AREA AGENCY ON AGING	1						SUPPORTTAKE CHARGE
501 12TH STREET LYNCHBURG, VA 24504	51-0189604	501 (C) (3)	30,000		N/A	N/A	PRIORITY CARE PROG
(6) COALITION FOR HIV AWARENESS				 			SUPPORT HIV TESTING
PO BOX 161 LYNCHBURG, VA 24505	31-1736924	501(C)(3)	20,000		N/A	N/A	& COUNSELING
(7) CROSSROADS COMMUNITY SERVICES BOARD							SUPPORT TREATMENT
PO BOX DRAWER 248 FARMVILLE, VA 23901	54-0988560	501 (C) (3)	46,678		N/A	N/A	OF SUBSTANCE ABUSE
(8) ELIZABETH'S EARLY LEARNING CENTER							CHILDREN'S
2320 BEDFORD AVENUE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	2,698		N/A	N/A	BEHAVIOR/SOCIAL
(9) FREE CLINIC OF CENTRAL VIRGINIA							STOCK MEDICATIONS
1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)	21,000		N/A	N/A	ASSESSMENT
(10) GLEANING FOR THE WORLD	1						HELPING FAMLIES
7539 STAGE ROAD CONCORD, VA 24538	54-1930105	501 (C) (3)	10,000		N/A	N/A	LIVING BELOW POVERTY
(11) INTERFAITH OUTREACH ASSOCIATION							SUPPORT FIX IT TO
PO BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	15,000		N/A	N/A	STAY PROGRAM
(12) JUBILEE FAMILY DEVELOPMENT CENTER	<del>-</del>						SUMMER CAMP FOR
1512 FLORIDA AVENUE LYNCHBURG, VA 24501	54-1881948	501 (C) (3)	12,500		N/A	N/A	DISADVANTAGED
2 Enter total number of section 501(c)(3) and governme	d government	organizations l	nt organizations listed in the line 1 table	able			
3 Enter total number of other organizations listed in the	listed in the lin	line 1 table			• • • • • •		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2875394

Schedule I (Form 990) (2014)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 54-1604094

> General Information on Grants and Assistance CENTRA HEALTH FOUNDATION Part I

	2 _	]
s to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	lance?	res for mon
Does the organization maintain records to substanti	the selection criteria used to award the grants or assis	Describe in Part IV the organization's procedures for
<b>,</b>		7

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(1) LYNCHBURG HEALTH DEPARTMENT  1900 THOMSON DRIVE LYNCHBURG, VA 24501  (2) LYNCHBURG ARIZET LYNCHBURG, VA 24504  (3) LYNCHBURG REIGHBORHOOD DEVELOPMENT  191 LYNCHBURG GROWS  192 CHURCH STREET LYNCHBURG, VA 24504  (4) PIEDMONT COMMUNITY IMPACT ORGANIZATION  190 BOX 12039 LYNCHBURG, VA 24506  (4) PIEDMONT COMMUNITY IMPACT ORGANIZATION  190 BOX 12039 LYNCHBURG, VA 24506  (5) REACH OUT AND READ  191 SEA CHECH ROAD RICHMOND, VA 23233  (6) ROADS TO RECORDS  2201 EMERYWOOD PARKMAY RICHMOND, VA 23234  (7) RX PARTMENSHIP  221 EMERYWOOD PARKMAY RICHMOND, VA 23294  2324 EMERYWOOD PARKMAY RICHMOND, VA 23294  (8) SOUTHSIDE CENTER FOR VIOLENCE REVENTION  10) SOUTHSIDE CENTER FOR VIOLENCE REVENTION  10) SOUTHSIDE VA FAMILY WACA  2500 COMMERCE ROAD FARMYILLE, VA 23901  26 COMMERCE ROAD FARMYILLE, VA 23901  27 Entler total number of section 501(c)(3) and government organizations listed in the line 1 table	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1300 THOMSON DRIVE LYNCHBURG, VA 24501   54-6001773   501(C  (3)   15,500     LYNCHBURG NEIGHBORHOOD DEVELOPMENT   54-1680631   501(C  (3)   7,500     2927 CHURCH STREET LYNCHBURG, VA 24506   20-0934133   501(C  (3)   27,000     PUR BOX 12039 LYNCHBURG, VA 24506   20-0934133   501(C  (3)   8,517     PUR BOX 12039 LYNCHBURG, VA 24506   24-1862746   501(C  (3)   8,517     PUR BOX 12039 LYNCHBURG, VA 23233   04-3481253   501(C  (3)   8,250     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   5,250     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   46-2885411   501(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   501(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   501(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256   261(C  (3)   28,000     ROADS TO RECOVERY   24501   26-1487256	(1) LYNCHBURG HEALTH DEPARTMENT							
1.7 NCHBURG NEIGHBORHOOD DEVELOPMENT   54-1680631   501(C) (3)   7,500.	VA	54-6001775	501 (C) (3)	15,500		N/A	N/A	  MEDICAL SUPPLIES
1277 CHURCH STREET LYNCHBURG, VA 24504   54-1680631   501 (C) (3)   7,500.     LYNCHBURG GROWS   20-0934133   501 (C) (3)   27,000     PIEDMONT COMMUNITY IMPACT ORGANIZATION   54-1862746   501 (C) (3)   8,617     REACH OUT AND RED RICHMOND, VA 23233   04-3481253   501 (C) (3)   8,250     ROADS TO RECOVERY   2600 HEMORFAL AVENUE LYNCHBURG, VA 24501   46-2885411   501 (C) (3)   5,250     RX PARTINERSHIP   2324 EMERYWOOD PARKMAY RICHMOND, VA 23294   57-1186937   501 (C) (3)   28,000     SOUTHSIDE CENTER FOR VIOLENCE PREVENTION   54-1920837   501 (C) (3)   28,000     SOUTHSIDE VA FAMILY YMCA   560 COMMERCE ROAD FARMVILLE, VA 23901   62-1487256   501 (C) (3)   9,581     Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(2) LYNCHBURG NEIGHBORHOOD DEVELOPMENT							ASSIST LOW-INCOME
POR BOX 12039 LYNCHBURG, VA 24506   20-0934133   501 (C) (3)   27,000		54-1680631	501(C)(3)	7,500.		N/A	N/A	IN SECURING HOUSING
POB BOX 12039 LYNCHBURG, VA 24506   20-0934133   501 (C) (3)   27,000	(3) LYNCHBURG GROWS							SUPPORT NUTRITION &
PIEDMONT COMMUNITY IMPACT ORGANIZATION	PO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501 (C) (3)	27,000		N/A	N/A	FOOD SYSTEM PROGS
PO BOX 187 GLADYS, VA 24554   54-1862746   501 (C) (3)   8,617     REACH OUT AND READ   12929 CHURCH ROAD RICHMOND, VA 23233   64-3481253   501 (C) (3)   8,250     ROADS TO RECOVERY   2600 MEMORIAL AVENUE LYNCHBURG, VA 24501   46-2885411   501 (C) (3)   5,250     RX PARTHERSHIP   2924 EMERYWOOD PARKMAY RICHMOND, VA 23294   57-1186937   501 (C) (3)   10,000     PO BOX 487 BLACKSTONE, VA 23824   54-1920837   501 (C) (3)   9,581     SOUTHSIDE CENTER FOR VIOLENCE PREVENTION   54-1920837   501 (C) (3)   9,581     S80 COMMERCE ROAD FARMVILLE, VA 23901   62-1487256   501 (C) (3)   9,581     Enter total number of section 501(c)(3) and qovernment organizations listed in the line 1 table	(4) PIEDMONT COMMUNITY IMPACT ORGANIZATION							SUPPORT FIT TO
REACH OUT AND READ   12929 CHURCH ROAD RICHMOND, VA 23233   04-3481253   501 (C) (3)   8,250     ROADS TO RECOVERY   2600 MEMORIAL AVENUE LYNCHBURG, VA 24501   46-2885411   501 (C) (3)   5,250     RX PARTNERSHIP   2924 EMERYWOOD PARKMAY RICHMOND, VA 23294   57-1186937   501 (C) (3)   10,000     SOUTHSIDE CENTER FOR VIOLENCE PREVENTION   54-1920837   501 (C) (3)   9,581     SOUTHSIDE VA FAMILY YACA   54-1920837   501 (C) (3)   9,581     S80 COMMERCE ROAD FARMVILLE, VA 23901   62-1487256   501 (C) (3)   9,581     Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		54-1862746	501(C)(3)	8,617		N/A	N/A	LIVE WELLNESS
ROADS TO RECOVERY   SOLICE	(5) REACH OUT AND READ							EARLY LITERACY &
ROADS TO RECOVERY   2600 MEMORIAL AVENUE LYNCHBURG, VA 24501   46-2885411   501(C) (3)   5,250     RX PARTNERSHIP   2924 EMENYMOOD PARKWAY RICHMOND, VA 23294   57-1186937   501(C) (3)   28,000     SOUTHSIDE CENTER FOR VIOLENCE PREVENTION   54-1920837   501(C) (3)   28,000     SOUTHSIDE VA FAMILY YNCA   54-1920837   501(C) (3)   9,581     S60 COMMERCE ROAD FARMVILLE, VA 23901   62-1487256   501(C) (3)   9,581     Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	VA 23233	04-3481253	501(C)(3)	8,250		N/A	N/A	SCHOOL READINESS
200 MEMORIAL AVENUE LYNCHBURG, VA 24501  RX PARTINERSHIP 2924 EMERYWOOD PARKWAY RICHMOND, VA 23294 SOUTHSIDE CENTER FOR VIOLENCE PREVENTION PO BOX 487 BLACKSTONE, VA 23824 SOUTHSIDE VA FAMILY YMCA SOUTHSIDE VA CANAGA SOUTHSIDE VA FAMILY YMCA SOUTHSIDE VA CANAGA SOUTHSIDE	(6) ROADS TO RECOVERY					i		SUPPORT SUBSTANCE
2924 EMERYWOOD PARKMAY RICHMOND, VA 23294 S7-1186937 501 (C) (3) 10,000  SOUTHSIDE CENTER FOR VIOLENCE PREVENTION PO BOX 487 BLACKSTONE, VA 23824 54-1920837 501 (C) (3) 28,000  SOUTHSIDE VA FAMILY YNCA  580 COMMERCE ROAD FARMVILLE, VA 23901 62-1487256 501 (C) (3) 9,581  Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	VA 24501	46-2885411	501 (C) (3)	5,250		N/A	N/A	USE DISOBDERS PROGS
2924 EMERYWOOD PARKWAY RICHMOND, VA 23294       57-1186937       501 (C) (3)       10,000         SOUTHSIDE CENTER FOR VIOLENCE PREVENTION       54-1920837       501 (C) (3)       28,000         PO BOX 487 BLACKSTONE, VA 23824       54-1920837       501 (C) (3)       9,581         SOUTHSIDE VA FAMILY YMCA       62-1487256       501 (C) (3)       9,581         580 COMMERCE ROAD FARNVILLE, VA 23901       62-1487256       501 (C) (3)       9,581         Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(7) RX PARTNERSHIP							FREE PRESCRIPTION
SOUTHSIDE CENTER FOR VIOLENCE PREVENTION         54-1920837         501 (C) (3)         28,000           SOUTHSIDE VA FAMILY YMCA         62-1487256         501 (C) (3)         9,581           580 COMMERCE ROAD FARMVILLE, VA 23901         62-1487256         501 (C) (3)         ' 9,581           Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	VA 23294	57-1186937	501(C)(3)	10,000		N/A	N/A	MEDICATIONS
PO BOX, 487 BLACKSTONE, VA 23824         54-1920837         501 (C) (3)         28,000           SOUTHSIDE VA FAMILY YMCA         62-1487256         501 (C) (3)         9,581           580 COMMERCE ROAD FARMVILLE, VA 23901         62-1487256         501 (C) (3)         9,581           Enter total number of section 501(c)(3) and government organizations listed in the line 1 table         1 table	(8) SOUTHSIDE CENTER FOR VIOLENCE PREVENTION							SATELLITE CLINICS
S80 COMMERCE ROAD FARMVILLE, VA 23901 62-1487256 501(C) (3) 9,581  COMMERCE ROAD FARMVILLE, VA 23901 62-1487256 501(C) (3) 9,581  Calculation Farmville, VA 23901 62-1487256 501(C) (3) 62-1487256 501(C) (3) 9,581		54-1920837	501 (C) (3)	28,000		N/A	N/A	FOR ABUSED WOMEN
S80 COMMERCE ROAD FARMVILLE, VA 23901 62-1487256 501(C)(3) 9,581	(9) SOUTHSIDE VA FAMILY YMCA							SUPPORT LIVE
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		62-1487256	501 (C) (3)	9,581		W/N	N/N	STRONG PROGRAM
Enter total number of section 501(c)(3) and government	(10)							TO TO THE PERSON IN
Enter total number of section 501(c)(3) and government					`			
Enter total number of section 501(c)(3) and governmen	(11)							
Enter total number of section 501(c)(3) and governmen								
Enter total number of section 501(c)(3) and government	(12)							
Enter total number of section 501(c)(3) and governmen								
		government	organizations li	sted in the line 1 ta	ıble		<b>A</b>	21.
3 Enter total number of other organizations listed in the line 1 table.		=	e 1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2875394

Schedule I (Form 990) (2014)

CENTRA HEALTH FOUNDATION

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	ו מון זון כמון בכ מקווכמוכם וו ממפוונסוומו שלפכר וש ווככמכם:	יכ ובכמכמי					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance	
-							
2							
က							ı
4							
ທ							,
9							, .
~							
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional	

FORM SCH I PART I LINE 2

GRANT APPLICATION GUIDELINES.

I. CENTRA COMMUNITY HEALTH INITIATIVE FUND:

THE CENTRA COMMUNITY HEALTH INITIATIVE FUND IS A SPECIFIC PURPOSE FUND

ESTABLISHED AND FUNDED BY CENTRA HEALTH AND ADMINISTERED BY THE CENTRA

HEALTH FOUNDATION. THIS FUND SUPPORTS COMMUNITY HEALTH-RELATED PROJECTS

AND PROGRAMS ON A PRO-ACTIVE BASIS.

II. DEFINITION OF HEALTH RELATED:

HEALTH IS THE STATE OR CONDITION OF THE HUMAN BODY AND MIND. HEALTH

RELATED PROGRAMS, PROJECTS, AND ACTIVITIES ARE THOSE THAT SEEK TO

Schedule I (Form 990) (2014)

2875394

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

-					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
_					
2					
8					
4					
2					
9					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ors part to pro	vide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional

ENCOURAGE OR PROMOTE GOOD HEALTH THROUGH ACCESS, EDUCATION, PREVENTION,

AND TREATMENT.

GRANT PROCEDURES: ALL REQUESTS TO GRANT FUNDS FOR A SPECIFIC III. PROJECT OR PROGRAM FROM THE CENTRA COMMUNITY HEALTH INITIATIVE FUND

SHOULD BE SENT TO THE EXECUTIVE VICE PRESIDENT OF THE CENTRA HEALTH

FOUNDATION, 1920 ATHERHOLT ROAD, LYNCHBURG, VIRGINIA, 24501.

REVIEW OF GRANT PROPOSALS: IV.

ALL GRANT PROPOSALS SUBMITTED FOR FUNDING FROM THE CENTRA HEALTH

COMMUNITY INITIATIVE FUND WILL BE RECEIVED BY THE CENTRA HEALTH

FOUNDATION TO BE REVIEWED BY ITS GRANTS COMMITTEE TWICE A YEAR. IN ORDER

Schedule I (Form 990) (2014)

V 14-7.3F

Schedule I (Form 9	990) (2014)	Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	١.
	Part III can be duplicated if additional space is needed.	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
1						
2						
8		-				
4						
5						
ဖ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to prov	nde the informat	tion required in	Part I, line 2, Part III,	column (b), and any other additional

TO RECEIVE CONSIDERATION, PROPOSALS SHOULD BE SUBMITTED BY THE FOLLOWING

DEADLINES:

MARCH 1, SEPTEMBER 1

V. COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF A PROCESS TO EVALUATE

THE HEALTH CARE NEEDS IN OUR COMMUNITY, THE CENTRA HEALTH FOUNDATION

SUPPORTS A COMMUNITY HEALTH NEEDS ASSESSMENT, PERFORMED BY CENTRA HEALTH,

EVERY THREE YEARS. PRIORITY WILL BE GIVEN TO HOW THE PROJECT'S

ESTABLISHED GOALS AND OBJECTIVES RELATE TO COMMUNITY HEALTH PROBLEMS AND

ISSUES OUTLINED BY CENTRA HEALTH'S COMMUNITY HEALTH ASSESSMENT.

INFORMATION ON THE MOST RECENT HEALTH ASSESSMENT CAN BE OBTAINED BY

Schedule I (Form 990) (2014)

CENTRA HEALTH FOUNDATION

Schedule I (Form 990) (2014)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(b) Number of cash grant non-cash assistance FWV appraisal, other)								Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional
(a) Type of grant or assistance	-	2	3	4	2	9	2	Part IV Supplemental Information. Complete this pa

CONTACTING THE EXECUTIVE VICE PRESIDENT OF THE CENTRA HEALTH FOUNDATION

AT 434-200-4790.

RESTRICTIONS: VI. THE FOLLOWING ARE GRANT TYPE REQUESTS WHICH DO NOT MEET THE FUND'S

ESTABLISHED CRITERIA. AS A RULE, THE CENTRA HEALTH COMMUNITY INITIATIVE

FUND WILL NOT PROVIDE FUNDS:

- 1. TO INDIVIDUALS
- 2. TO INSTITUTIONS OR ORGANIZATIONS WHICH DO NOT QUALIFY AS TAX EXEMPT BY

THE INTERNAL REVENUE SERVICE.

TO ENDOWMENT CAMPAIGNS ٣.

Schedule I (Form 990) (2014)

2875394

Schedule I (Form 90	Form add/2014/
Pipelino	(2) (20.14)
Part III	till Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal, other)	(f) Description of non-cash assistance
-					
2					
3					
4					
5			-		
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	ide the informat	ion required in	Part I, line 2, Part III, o	column (b), and any other additional

4. TO ATTEND CONFERENCES OR SYMPOSIUMS

5. FOR TRAVEL

6. TO ATHLETIC ORGANIZATIONS

VII. APPLICATION GUIDELINES:

PROPOSALS SHOULD BE SUBMITTED IN LETTER FORM IN QUADRUPLICATE AND SHOULD

INCLUDE THE FOLLOWING:

- 1. A BRIEF DESCRIPTION OF THE ORGANIZATION, ITS HISTORY, AND PURPOSE.
- 2. TITLE OF GRANT
- 3. A CONCISE DESCRIPTION OF THE PROJECT OR ACTIVITY PROPOSED, INCLUDING

THE SPECIFIC PURPOSE FOR WHICH THE GRANT IS REQUESTED, THE HEALTH RELATED

Schedule I (Form 990) (2014)

V 14-7.3F

2875394

PAGE 47

CENTRA HEALTH FOUNDATION

Page 2

Schedute I (Form 990	(Form 990) (2014)
Part III	It III Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" on Form 990 Part IV line 22
	Part III can be duplicated if additional space is needed.

		2000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistance
_						
2						
		,				
2						
9						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	s part to provi	ide the informat	tion required in	Part I, line 2, Part III,	column (b), and any other additional

BENEFITS TO BE PROVIDED, AND THE NEEDS TO BE MET. PLEASE DESCRIBE HOW

YOUR PROJECT SPECIFICALLY RELATES TO COMMUNITY HEALTH PROBLEMS AND ISSUES

OUTLINED BY CENTRA HEALTH'S COMMUNITY HEALTH ASSESSMENT.

- 4. NAMES AND ADDRESSES OF THE ORGANIZATION'S TRUSTEES, DIRECTORS,
- ADVISORS, AND PRINCIPAL STAFF.
- 5. NAME AND ADDRESS OF KEY INDIVIDUAL RESPONSIBLE FOR THE GRANT REQUEST.
- 6. A COPY OF THE DETERMINATION LETTER FROM THE IRS THAT THE ORGANIZATION
- IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) AND IS NOT

CLASSIFIED AS A PRIVATE FOUNDATION OR PRIVATE OPERATING FOUNDATION AS

DEFINED IN SECTION 509 (A) OF THE INTERNAL REVENUE CODE.

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
-						
2						
3						
4						
25						
9						
7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informat	on required in	Part I, line 2, Part III,	column (b), and any other additional

7. CURRENT AUDITED FINANCIAL STATEMENT SHOWING THE MAJOR SOURCE OF

ORGANIZATIONAL SUPPORT AND ENDOWMENT, IF ANY.

8. A BUDGET FOR THE PROJECT THAT INCLUDES THE TOTAL COST OF THE PROJECT

AND THE SPECIFIC AMOUNT REQUIRED. SPECIFICALLY STATE ALL EXPECTED

ITEMIZED EXPENSES. IF APPLICABLE, PLEASE LIST OTHER SOURCES OF FUNDING

AVAILABLE TO YOU FOR THE PROJECT AND YOUR PLANS FOR FINANCIALLY

SUSTAINING THE PROJECT AFTER GRANT FUNDS EXPIRE.

9. PLANS FOR EVALUATION OF PROJECT'S RESULTS. PLEASE INCLUDE ANY SPECIFIC

MEASURES THAT WILL BE USED TO EVALUATE HOW THIS PROJECT IMPROVED

COMMUNITY HEALTH.

V 14-7.3F

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule 1 (Form 990) (2014) Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(9) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance	
-							
2							
ဗ							
4							
S.							
9							
7							
art IV	Part IV Supplemental Information. Complete this	is part to prov	ide the informat	ion required in	Part I, line 2, Part III, o	part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	

10. A COVER LETTER FROM AN OFFICIAL OF THE ORGANIZATION STATING THAT THE

BOARD OF DIRECTORS OF THAT ORGANIZATION HAS FORMALLY APPROVED THE

PROPOSED PROGRAM.

11. IF ADDITIONAL INFORMATION ABOUT THE PROPOSAL IS NEEDED, THE APPLICANT

WILL BE CONTACTED BY THE EXECUTIVE VICE PRESIDENT OF THE CENTRA HEALTH

FOUNDATION.

V 14-7.3F

### **SCHEDULE J** (Form 99Q)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

54-1604094

Name of the organization CENTRA HEALTH FOUNDATION

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	1		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	t 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	) [		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III	:		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		'	
	Form 990 of other organizations  Approval by the board or compensation committee		'	ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а		4a	'	х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of			
а	The organization?	5a		х
ь	Any related organization?	5b	<del></del>	X
_	If "Yes" to line 5a or 5b, describe in Part III	-		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		1
	compensation contingent on the net earnings of			
а	The organization?	6a		x
b	Any related organization?	6b		х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			1
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			i -
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			ı
	ın Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l
For Pa		ule J (Fo	orm 99(	2014

JSA

4E1290 1 000

7904ER 2502

V 14-7.3F

2875394

54-1604094

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred in pnor Form 990
LEWIS C. ADDISON	Ξ	0						
1 TREASURER/CENTRA SR VP/CFO	(ii)	415,160.	41,390.	98,287.	7,800.	23.106	585 743	77 928
E.W. TIBBS	(1)	6		0			0000	
2 CENTRA PRESIDENT/CEO	▣	614,804.	82,498.	87,582.	118,708.	37,521.	941.113.	44.210
_	ED (I)	216,689.	29,400.	25,973.	6,669.	23.645.	302.376.	21.420.
3 CENTRA EXEC VP OF FOUNDATION	: @							
MARK D. TOWNSEND, MD	ε	0	0	0				
4 BOARD MEMBER	(ii)	337,252.	15,000.	420.	7,800.	26,062.	386,534.	
	Ξ							
5	(ii)							
	Θ							
9	Ξ							
	€							
7	€							
	Θ							
8	(E)							
	€							
6	Ξ							
	€							
10	Ξ							
	€							
11	(ii)							
	Ξ							
12	<b>(E)</b>							
	Ξ							
13	9							
	€							
14	Ξ							
	<b>E</b>							
15	€							
	€							
16	Ξ							
							Sche	Schedule J (Form 990) 2014

## Schedule J (Form 990) 2014

# Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3

UNDER A MANAGEMENT AGREEMENT WITH CENTRA HEALTH, THE ORGANIZATION'S

EXECUTIVE DIRECTOR'S COMPENSATION IS ESTABLISHED IN ACCORDANCE WITH

OF CENTRA HEALTH'S EXECUTIVE COMPENSATION PRACTICES WHICH INCLUDE THE USE

A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT(S), AND

COMPENSATION STUDY OR SURVEY.

PART I, LINE 4B

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT FROM A NONQUALIFIED

RETIREMENT PLAN DURING FY 2014.

THE AMOUNT WAS INCLUDED IN THEIR W-2 WAGES.

NAME	TITLE	AMOUNT OF PAYOUT
LEWIS ADDISON	CENTRA SR VP & CFO	\$ 77,928
KATHRYN M. PUMPHREY	CENTRA FOUNDATION EXEC. VP	\$ 21,420
	AND CENTRA	
	VP OF DEVELOPMENT	
E.W. TIBBS	CENTRA PRESIDENT & CEO	\$ 44,210

V 14-7.3F

Schedule J (Form 990) 2014

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

THE FOLLOWING INDIVIDUALS HAD AMOUNTS DEFERRED INTO A NONQUALIFIED

RETIREMENT PLAN IN FY 2014.

NAME TITLE AMOUNT DEFERRED

LEWIS ADDISON CENTRA SR VP & CFO

KATHRYN M. PUMPHREY CENTRA FOUNDATION EXEC.

VP AND CENTRA VP

OF DEVELOPMENT

Ś

CENTRA PRESIDENT & CEO \$ 110,908

E.W. TIBBS

Schedule J (Form 990) 2014

PAGE 54

### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CENTRA HEALTH FOUNDATION

Employer identification number 54-1604094

FORM 990, PART III, LINE 1

THE MISSION OF CENTRA HEALTH FOUNDATION IS TO DEVELOP RESOURCES TO
ENHANCE AND ENRICH THE SERVICES, PROGRAMS, AND FACILITIES OF CENTRA
LYNCHBURG GENERAL AND CENTRA VIRGINIA BAPTIST HOSPITALS IN ORDER TO
ASSIST THE CENTRA HEALTH SYSTEM IN MEETING AND SOLVING COMMUNITY HEALTH
PROBLEMS. THE MAJOR OBJECTIVES OF THE FOUNDATION ARE TO:

- 1. SPONSOR CENTRA HEALTH PROJECTS, PROGRAMS AND ACTIVITIES WHICH ADDRESS COMMUNITY HEALTH PROBLEMS AND ISSUES.
- 2. DEVELOP RESOURCES TO FUND INDIGENT PATIENT CARE AT CENTRA HEALTH FACILITIES.
- 3. ASSIST CENTRA HEALTH IN PROVIDING THE EQUIPMENT AND FACILITIES NECESSARY TO ASSURE EXCELLENT HEALTHCARE TO ITS PATIENTS.
- 4. PROVIDE STIPENDS AND SCHOLARSHIPS FOR NEEDY AND DESERVING STUDENTS WHO WISH TO PURSUE HEALTH CAREERS IN CENTRAL VIRGINIA.

CENTRA HEALTH FOUNDATION IS COMMITTED TO SERVE AS A GOOD STEWARD OF THE COMMUNITY'S RESOURCES ENTRUSTED TO IT BY UTILIZING, SAFEGUARDING AND ENHANCING THEM THROUGH SOUND FINANCIAL PRACTICES.

FORM 990, PART VI, SECTION A, LINE 2

OFFICER LEWIS ADDISON IS A BOARD MEMBER OF THE BANK OF THE JAMES,

LYNCHBURG, VA. BOARD MEMBERS AUGUSTUS PETTICOLAS, JR. AND ROBERT CHAPMAN

ARE OFFICERS OF THE BOARD OF DIRECTORS OF THE BANK OF THE JAMES,

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number 54-1604094

LYNCHBURG, VA.

OFFICER LEWIS ADDISON IS A BOARD MEMBER OF PIEDMONT COMMUNITY HEALTH PLAN. OFFICER E.W. TIBBS IS AN OFFICER OF PIEDMONT COMMUNITY HEALTH PLAN, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

OFFICERS LEWIS ADDISON AND E.W. TIBBS ARE BOARD MEMBERS OF CENTRAL VIRGINIA IMAGING, A 50% JOINT VENTURE OF CENTRA HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 6

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH
FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH

FOUNDATION AND HAS THE POWER TO ELECT THE BOARD OF DIRECTORS OF CENTRA

HEALTH FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B

CENTRA HEALTH, INC. IS THE SOLE MEMBER CORPORATION OF CENTRA HEALTH

FOUNDATION AND HAS THE POWER TO APPROVE DECISIONS MADE BY CENTRA HEALTH

FOUNDATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. COPIES OF THE FORM 990 WERE PROVIDED TO ALL VOTING MEMBERS OF THE BOARD OF DIRECTORS AND ANY QUESTIONS RAISED BY THE

BOARD OF DIRECTORS HAVE BEEN ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C

ALL CENTRA OFFICERS AND DIRECTORS MUST COMPLETE A POSSIBLE CONFLICT OF

INTEREST QUESTIONNAIRE ON AN ANNUAL BASIS, CERTIFYING THAT NEITHER THEY

NOR ANY OF THEIR IMMEDIATE FAMILY MEMBERS HAVE ENGAGED IN ANY ACTIVITIES

THAT COULD LEAD TO A POTENTIAL CONFLICT OF INTEREST. ADDITIONALLY, ALL

OFFICERS AND DIRECTORS MUST AGREE TO PROMPTLY REPORT ANY POTENTIAL

CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR TO THE PRESIDENT OR

CHAIRMAN OF CENTRA'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15

FORM 990, PART VI, LINES 15A AND 15B WERE ANSWERED AS "NO", HOWEVER,

UNDER A MANAGEMENT AGREEMENT WITH CENTRA HEALTH, INC., A RELATED PARTY,

THE ORGANIZATION'S EXECUTIVE VICE PRESIDENT'S COMPENSATION IS ESTABLISHED

IN ACCORDANCE WITH CENTRA HEALTH'S EXECUTIVE COMPENSATION PRACTICES WHICH

INCLUDE THE USE OF A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION

CONSULTANT(S), AND COMPENSATION STUDY OR SURVEY.

FORM 990, PART VI, SECTION C, LINE 18

PHOTOCOPIES OF THE ORGANIZATION'S FORM 1023 AND RECENT FILINGS OF THE

FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE

OFFICE. ADDITIONALLY, FILINGS OF THE FORM 990 CAN ALSO BE FOUND ONLINE

AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19
THE ORGANIZATION PROVIDES PHOTOCOPIES OF ITS GOVERNING DOCUMENTS,

Name of the organization
CENTRA HEALTH FOUNDATION

Employer identification number 54-1604094

FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AT ITS ADMINISTRATIVE OFFICE UPON REQUEST.

ATTACHMENT	1

### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

QUALITY HEALTHCARE TO THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING COMMUNITIES.RAISE FUNDS TO SUPPORT CENTRA HEALTH, INC IN CONTINUING TO PROVIDE QUALITY HEALTHCARE TO THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING COMMUNITIES.

- A RAISE FUNDS TO SUPPORT CENTRA HEALTH, INC IN CONTINUING TO PROVIDE QUALITY HEALTHCARE TO THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING COMMUNITIES. FOR THE YEAR ENDING 12/31/14 THE FOUNDATION PROVIDED \$684,585 IN SUPPORT TO CENTRA HEALTH.
- B DEVELOP RESOURCES OF \$584,719 TO FUND INDIGENT PATIENT CARE AT CENTRA HEALTH FACILITIES IN 2014.
- C ASSIST CENTRA HEALTH BY PROVIDING EQUIPMENT AND FACILITIES FUNDING OF \$246,407 IN 2014.
- D SUPPORT COMMUNITY HEALTH-RELATED PROJECTS THROUGH THE SUPPORT OF ORGANIZATIONS CENTERED IN THE WELLNESS OF THE RESIDENTS OF LYNCHBURG, VA AND THE SURROUNDING REGIONS. COMMUNITY SUPPORT FOR 2014 TOTALED \$671,856.

54-1604094

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part 1

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

OMB No 1545-0047 Open to Public 2014 Inspection

Employer Identification number 54-1604094

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CENTRA HEALTH FOUNDATION

	Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)						(min)
(5)						
(6)						
2						
(4)						
(2)						
(9)						•
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	e organization answ	ered "Yes" on Fo	rm 990, Part IV,	line 34 because	it had

(a) Name, address, and EIN of related organization	alated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
							Yes	No
(1) CENTRA HEALTH, INC.	54-0715569							
1920 ATHERHOLT ROAD	LYNCHBURG, VA 24501	HEALTHCARE	VA	501(C)(3)	r	N/A		×
(2) SOUTHSIDE COMMUNITY HOSPITAL, INC	54-0555201							
800 OAK STREET	FARMVILLE, VA 23901	HEALTHCARE	VA	501 (C) (3)	8	N/A		×
(3) CCRC, INC.	54~1929580							:
1920 АТНЕВНОГТ ВОАБ	LYNCHBURG, VA 24501	CONTINUING CA VA	VA	501(C)(3)	11A	N/A		×
(4) BEDFORD MEMORIAL HOSPITAL	54-0566100			$I^{-}$				
1613 OAKWOOD STREET	BEDFORD, VA 24523	HEALTHCARE	VA	501 (C) (3)	3	N/A		×
(5)								
(9)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 4E1307 1 000

V 14-7.3F

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2014 (k) Percentage ownership (h) Percentage ownership (J) General or Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV. Iline 34 because it had one or more related organizations treated as a corporation or trust during the tax year. managing partner? Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets (I)
Code V-UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income Disproportionate affocations? ŝ Ξ Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) C CORP (f) Share of total income (d)
Direct controlling
entity because it had one or more related organizations treated as a partnership during the tax year. N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) Š (b) Primary activity REAL ESTATE-P (d)
Direct controlling
entity N/A 54-1299682 (c) Legal domicile (state or foreign country) (a)Name, address, and EIN of related organization (b) Primary activity 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501 GENERAL BUSINESS CONCERNS, INC (a)
Name, address, and EIN of related organization Part III Part IV 4E1308 1 000 NONE Ξ (1) 3 3 ල € 9 9 **€** 3 8 3 9 8

Yes No

Schedule R (Form 990) 2014

Method of determining If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 7 <u>9</u> Ē 2 # 19 9 + Gift, grant, or capital contribution to related organization(s) Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuites, (iii) royalties, or (iv) rent from a controlled entity.......... Transaction type (a-s) ê Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule s Other transfer of cash or property from related organization(s), (a)
Name of related organization Exchange of assets with related organization(s), N/A Part V Ε \_

JSA 4E1309 1 000

(9)

(1)

3

ල

3

(2)

Schedule R (Form 990) 2014

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of and-of-year assets	(h) Dispraportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1)			sections 512-514)	Yes No			Yes		Yes	
			_							
(2)	<del></del>									İ
(3)										
	T								_	
(4)										
(5)										
(9)						1	+		_	
(a)				_						
(7)						! !				
(8)										
(6)										
(10)						-				
(11)										
(12)										
(13)										
(14)									 	
(15)										
(16)										
ASC								Sch	edule R (For	Schedule R (Form 990) 2014

JSA 4E1310 1 000

7904ER 2502

Schedule R (Form 990) 2014

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)