

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



DLN: 93493271000225

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the .	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending	j 12-31-2014				
B Che	eck ıf a	pplicable	C Name of organization UMC FOUNDATION			D Emplo	yer iden	tification number
┌ Add	lress ch	hange	ONE TOUNDATION			75-16	39312	
Г _{Nai}	ne cha	inge	Doing business as			-		
☐ Init	ıal retu	ırn						
Fin			Number and street (or P O box if mail is not delivered to street addre	ess) Room/suit	e	E Telepho	one numb	per
		mınated	PO BOX 5980			(806)	775-8	250
┌ Am	ended	return	City or town, state or province, country, and ZIP or foreign postal cod	le				
☐ Apr	lication	n pending	LUBBOCK, TX 79408			G Gross r	eceipts \$	7,578,011
		. ,	F Name and address of principal officer	T				_
			DAVID ALLISON			his a group ordinates?		for
			PO BOX 5980		Sub	oramaces		, 163, 110
			LUBBOCK,TX 79408			all subordi	nates	┌ Yes 🗸 No
	v-even	npt status				uded?	a list i	(see instructions)
				527	11 1	NO, attach	a iist i	(see mstructions)
J W	ebsite	e:► WV	NW UMCHEALTHSYSTEM COM		H(c) Gro	up exempt	ion num	nber 🟲
K Forr	n of or	ganızatıor	Corporation Trust Association Other		L Year of f	ormation 19	79 M	State of legal domicile TX
Pa	rt I	Sum	ımary		•			
	1	Briefly d	describe the organization's mission or most significant activi	ties				
			SIST IN THE OPERATION OF UMC HEALTH SYSTEM					
3								
Ē								
E e	2	Check t	this box 📭 if the organization discontinued its operations of	r disposed of	f more than	25% of its	net ass	sets
Governance	_	oneen e	inis sox r In the organization discontinued its operations of	. uisposeu oi	more enam	25 70 01 105	net ab.	
	3	Number	of voting members of the governing body (Part VI, line 1a)				3	64
S)	4	Number	of independent voting members of the governing body (Part	VI, line 1b)			4	64
Activities &	5	Total nu	umber of individuals employed in calendar year 2014 (Part V	, line 2a) .			5	0
<u> </u>	6	Total nu	umber of volunteers (estimate if necessary)				6	
4	7a ·	Total un	nrelated business revenue from Part VIII, column (C), line 1	2			7a	0
			elated business taxable income from Form 990-T, line 34				7b	
					Pri	or Year		Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)			3,756,	036	6,688,534
哥	9	 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 						0
Revenue	10					284,	737	461,272
歪	11					,		0
	12							
		12) .	<u> </u>			4,040,	773	7,149,806
	13	Grant	is and similar amounts paid (Part IX, column (A), lines 1–3 $$			2,950,	789	3,829,843
	14	Benef	fits paid to or for members (Part IX, column (A), line 4) .					0
eth.	15		ies, other compensation, employee benefits (Part IX, column	ı (A), lınes				0
Expenses	16-	5-10						0
কু	16a		ssional fundraising fees (Part IX, column (A), line 11e) .					0
蓋	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶ 243,074					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		312,575			
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A		3,233,	323	4,142,418	
	19	Rever	nue less expenses Subtract line 18 from line 12		807,	450	3,007,388	
ን የ					_	ng of Curre	nt	End of Year
ស៊ីដូ						Year		
Not Assets or Fund Balances	20		assets (Part X, line 16)			16,812,		19,531,074
<u> </u>	21		liabilities (Part X, line 26)			214,	-	169,136
	22	_	ssets or fund balances Subtract line 21 from line 20			16,598,	307	19,361,938
	t II	_	nature Block					
my kı	nowled	dge and	perjury, I declare that I have examined this return, including belief, it is true, correct, and complete Declaration of prepartions of prepartions of prepartions of preparticular declaration of preparticular declarations of preparticular declarat					
		T.			<u> </u>			
٠.		Sign	nature of officer			2015-09-28 Date		
Sign Here		'			·			
	-	DAV.	ID ALLISON CEO e or print name and title					
		1/	Print/Type preparer's name Preparer's signature	Da	ite C	neck 🗀 ıf	PTIN	
Paid	1		JOHN SERIGHT JOHN SERIGHT		ا ا	ieck ј if lf-employed	P00911	349
			Firm's name F Robinson Burdette Martin & Seright LLP	m's EIN 🟲				
Pre	_		Firm's address ► 9816 Slide Road Suite 301		Ph	one no (806) 744-33	33
use	On	ıy				,		
-		l l	Lubbock, TX 79424		I			

✓ Yes No

Part IV Checklist of Required Schedules

			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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 debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		No
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	Yes	
C	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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		N o
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		No
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		No
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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, Parts I and III	22	Yes	
23	Did 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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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	25b		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
_		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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	33		No
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	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
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	37		No
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	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u>.</u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 17	_		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	<u> </u>		
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)	2b		Νo
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
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		Νo
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)?	4a		No
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?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	2	5c		
	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		No
ь 7	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	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?		==	
0-	- '	8		No
	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?	9a 9b		No No
ט	Section 501(c)(7) organizations. Enter	90		140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	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?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check it Schedule O contains a response or note to any line in this Part VI	if Schedule O contains a response or note to any line in this Part VI
---	---

Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	a The governing body?							
b	b Each committee with authority to act on behalf of the governing body?							
9	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		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b		Νo				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Vupon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►TERRELL THRASHER
 - 4505 W LOOP 289
 - LUBBOCK, TX 79415 (806) 761-0801

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

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, or 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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					·	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	lndividual trustee	institutional Trustee	<u>⊊</u>	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations

1b	Sub-Total	•		
C	Total from continuation sheets to Part VII, Section A	-		
d	Total (add lines 1b and 1c)	•	204,125	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section	R	Inda	na	nden	t Co	ntractor	-

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation
	(B) Description of services

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Form 99								Page 9
Part V	1111	Statement o	f Revenue ule O contains a respor	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
Grants imounts	b	Membership du	es 1b					
, Gr	С	Fundraising eve	ents 1 c					
Giffs, ıilar Aı	d	Related organiz	ations 1d					
s, G mil	е	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f	6,688,534				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no						
ntri d O	g	1a-1f \$	ons included in lines	5,986				
Cont and	h	Total. Add lines	s 1a-1f	· · · •	6,688,534			
Program Service Revenue	2a b			Business Code				
16e	С	_						
Serv	d							
an	e							
rog₁	f	-	ım service revenue					
	g		s 2a – 2f		0			
	3		ome (including dividen ar amounts)		174,158			174,158
	4		tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(I) Keal	(II) Personal				
	b	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	715,319					
	b	Less cost or other basis and	428,205					
	С	sales expenses Gaın or (loss)	287,114					
	d	Net gaın or (los	s)		287,114	287,114		
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding s reported on line 1c)					
er F			а					
Ţ.	b C		penses b loss) from fundraising	events -	0			
,			rom gaming activities e 19	events p				
	ь	Less direct ex	a penses b					
			loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve		0			
	11a	Miscellaneous	s Kevenue	Business Code				
	b							
	С		-					
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions .	🕨	7,149,806	287,114		174,158

	IX Statement of Functional Expenses				
ectio	in $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	t include amounts reported on lines 6b, , 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 and domestic governments See Part IV, line 21	3,794,843	3,794,843		
2	Grants and other assistance to domestic individuals See Part IV, line 22	35,000	35,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	30,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
LO	Payroll taxes	0			
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	24,612		24,612	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,587		7,587	
.2	Advertising and promotion	243,074			243,074
.3	Office expenses	0			
4	Information technology	0			
.5	Royalties	0			
.6	Occupancy	0			
7	Travel	0			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
.9	Conferences, conventions, and meetings	0			
:0	Interest	0			
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BAD DEBT EXPENSE	37,302		37,302	
b					
c					
d					
	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	4,142,418	3,829,843	69,501	243,074
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	1,112,110	5,023,043	03,301	213,074

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	0
	2	Savings and temporary cash investments	7,469,206	2	6,415,740
	3	Pledges and grants receivable, net	644,364	3	1,419,414
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
4ssets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
Š	7	Notes and loans receivable, net		7	0
⋖	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	0
	11	Investments—publicly traded securities	6,307,998	11	8,563,178
	12	Investments—other securities See Part IV, line 11	1,047,535	12	1,803,857
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	1,343,386	15	1,328,885
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,812,489	16	19,531,074
	17	Accounts payable and accrued expenses	214,182	17	169,136
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	214,182	26	169,136
s e		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	4,292,196	27	4,774,264
	28	Temporarily restricted net assets		28	
=	29	Permanently restricted net assets	12,306,111	29	14,587,674
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
й	31	Paid-in or capital surplus, or land, building or equipment fund		31	
d S	32	Retained earnings, endowment, accumulated income, or other funds		32	-
Net 1	33	Total net assets or fund balances	16,598,307	33	19,361,938
Ż	34	Total liabilities and net assets/fund balances	16,812,489	34	19,531,074
		,	12/212/190		Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7.:	149,806
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		4,:	142,418
3	Revenue less expenses Subtract line 2 from line 1	3		3,0	007,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_	Not unuselized as no (leases) on investments	4		16,	598,307
5	Net unrealized gains (losses) on investments	5		- 2	243,757
6	Donated services and use of facilities	_			
_	Townships and the second secon	6			
7	Investment expenses	7			
8	Prior period adjustments				
_	Other change in not access on find belonce (employer in Cabadula O.)	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		19,3	361,938
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 「
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: 14000265 **Software Version:** 2014v5.0

EIN: 75-1639312

Name: UMC FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more the perso	ion (han o n is b	ne b oth ctor,	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	onner lighest compensa microse (e) employee		2/1033-11130/	related organizations				
(1) DAVID ALLISON	5 00	x		х				0	0	0	
TREASURER (1) TONY WHITEHEAD	40 00 5 00										
MEMBER	0 00	х						0	0	0	
(2) SUSIE MOORE	5 00										
MEMBER	0 00	X						0	0	0	
(3) SHERRY ALLEN	5 00							0	0	0	
MEMBER	0 00	X						U	U	0	
(4) STEVE FANNIN	5 00	×		×				0	0	0	
CMN	0 00	-						_			
(5) SALLY MCSPADDEN	5 00	X						0	0	0	
MEMBER (6) RUSTY MCINTURFF	0 00					 					
MAJOR GIFTS	0 00	Х		Х				0	0	0	
(7) BLAKE BOYD	5 00										
MEMBER	0 00	X						0	0	0	
(8) PATSY WHIPPLE	5 00	, , , , , , , , , , , , , , , , , , ,									
MEMBER	0 00	X						0	0	0	
(9) PAM DANNER	5 00	x		x				0	0	0	
MMBRSHP/NOMINAT	0 00							Ů	,		
(10) NINA TRAMEL	5 00	X						0	0	0	
MEMBER (11) MARK HUCKABEE	0 00					-					
MEMBER	0 00	X						0	0	О	
(12) LORI MCCUNNIFF	5 00										
MEMBER	0 00	X						0	0	0	
(13) LONNIE HOLLINGSWORTH	5 00									_	
MEMBER	0 00	X						0	0	0	
(14) LARRY ISOM	5 00	l x						0	0	0	
MEMBER	0 00										
(15) JOE INCE	5 00	X						0	0	0	
MEMBER (16) JEAN SELF	0 00					+					
MEMBER	0 00	Х						0	0	0	
(17) JIM DOUGLASS	5 00										
MEMBER	0 00	X						0	0	0	
(18) JAN ISOM	5 00	,									
MEMBER	0 00	X						0	0	0	
(19) MARY KATHRYN STRONG	5 00	x		×				0	0	0	
SPECIAL EVENTS	0 00								ŭ ,		
(20) JAMEY PHILLIPS	5 00	X						0	0	0	
MEMBER (21) JACK STRONG JR	0 00 5 00			-	\vdash		\vdash				
		X						0	0	0	
MEMBER (22) HEENAN JOHNSON III DDS	5 00						\vdash				
MEMBER	0 00	X						0	0	0	
(23) LAURA VINSON	5 00	<u> </u>			T	İ		_	_	_	
MEMBER	0 00	X		L				0	0	0	
(24) DOUGLAS KLEPPER	5 00	×						0	0	0	
MEMBER	0 00								<u> </u>	<u> </u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours					ınless fficer	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) DON MCINTURFF	5 00	x						0	0	0
MEMBER (1) CORY NEWSOM	0 00 5 00									
MEMBER	0 00	x						0	0	0
(2) CLARK SELF	5 00									
MEMBER	0 00	X						0	0	0
(3) CINDY WHITEHEAD	5 00	x						0	0	0
MEMBER (4) CINDY JUMPER MD	0 00 5 00									
		x						0	0	0
MEMBER (5) CELIA DAVIS	0 00 5 00									
MEMBER	0 00	X						0	0	0
(6) DOYLE GAMMILL	5 00	х						0	0	0
MEMBER	0 00							, and the second		
(7) BOB GREENHILL	5 00	x						0	0	0
MEMBER (8) BILLIE HUCKABEE	0 00 5 00									
MEMBER	0 00	Х						0	0	0
(9) BETTY HENSON	5 00	x						0	0	0
MEMBER	0 00							, in the second	-	
(10) BETTY BRADFORD	5 00	x						0	0	0
MEMBER (11) BETSY JONES PhD	0 00 5 00									
MEMBER	0 00	X						0	0	0
(12) ALBERT HERNANDEZ	5 00	х						0	0	0
MEMBER	0 00							Ů		
(13) DAVID WILKERSON	5 00	x		х				0	0	0
BD OF MGRS CHAI (14) DAN JACKSON	0 00 5 00									
MEMBER	0 00	X						0	0	0
(15) NATHAN LOWE	5 00	x						0	0	0
MEMBER	0 00							Ů		
(16) LINDA MILLER	5 00	x		х				0	0	0
WOMEN'S HEALTH (17) BERNHARD MITTEMEYER MD	0 00 5 00									
Chairman	0 00	X		Х				0	0	0
(18) PAT MAINES	5 00	x						0	0	0
MEMBER	0 00							, in the second		
(19) CARLOS GARCIA	5 00	x		х				0	0	0
Secretary (20) RENEE UNDERWOOD	0 00 5 00									
DONOR RECOGNITI	0 00	X		Х				0	0	0
(21) STEPHANIE ROLEY	5 00	х						0	0	0
MEMBER	0 00									
(22) MATT POWELL	5 00	×		х				0	0	0
FINANCE (23) JAY RICHARDSON	0 00 5 00									
MEMBER	0 00	×						0	0	0
(24) ROSS RUSHING	5 00	x						0	0	0
MEMBER	0 00									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde				ıru	ste	es, r	ley	employees, nigi	nest	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (d nan o n is b	ne b	ox, ι an o	inless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) KAREN SAVAGE MEMBER	5 00	х						0	0	0
(1) KAMLESH VARMA MD MEMBER	5 00	х						0	0	0
(2) SURENDRA VARMA MD	5 00	×						0	0	0
(3) SANDY OGLETREE EXECUTIVE DIR	40 00	х						0	204,125	0
(4) DOYCE MIDDLEBROOK CHAIR ELECT	5 00	х		х				0	0	0
(5) RONALD COOK DO MEMBER	5 00	х						0	0	0
(6) DAVID OWEN MEMBER	5 00	х						0	0	0
(7) LINDA GREENSTREET MEMBER	5 00	х						0	0	0
(8) TERRY HAWKINS MEMBER	5 00	х						0	0	0
(9) KENDALL HOWARD MEMBER	5 00	х						0	0	0
(10) JAN JOHNSON MEMBER	5 00	х						0	0	0
(11) MIKE RAGAIN MD MEMBER	5 00	х						0	0	0
(12) MARK THOMPSON MEMBER	5 00	х						0	0	0
(13) TREY STRONG SPECIAL EVENTS	5 00	х		х				0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493271000225

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

Open to Public Inspection

Employer identification number Name of the organization UMC FOUNDATION 75-1639312 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,908,232 2,862,352 5,767,283 3,756,036 6,688,534 21,982,437 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,908,232 2,862,352 5,767,283 3,756,036 6,688,534 21,982,437 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,938,056 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 14,044,381 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total beginning in) 🟲 3,756,036 2,908,232 2,862,352 5,767,283 6,688,534 21,982,437 Amounts from line 4 Gross income from interest, dividends, payments received on 130,958 152,826 178,356 118,298 174,158 securities loans, rents, royalties 754,596 and income from similar sources 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 0 capital assets (Explain in Part VI) 11 Total support Add lines 7 through 22,737,033 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 61 770 % 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 15 72 340 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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 Part VI 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 Part VI 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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	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 $(2)^7$ If "Yes," explain in Part VI 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		
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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 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 .	6		
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		
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 II of Schedule L (Form 990).	8		
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 Part VI .	9a		
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? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	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 Part VI .	9c		
L0a	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		
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		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
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		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
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)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493271000225

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990.

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

Open to Public Inspection

	me of the organization C FOUNDATION	Employer identification number			
UM	2 FOUNDATION		75-1639312		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
•	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's		oradvised Yes No		
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				
Pa	rt III Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.		
L	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	historically important land area		
•	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in ti			
а	Total number of conservation easements	<u> </u>	Held at the End of the Year		
a b	Total acreage restricted by conservation easements	-	2b		
c	Number of conservation easements on a certified histo	ric structure included in (a)	2c		
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	` `	2d		
3	Number of conservation easements modified, transferr	ے ed, released, extinguished, or terminate	d by the organization during		
	the tax year 🕨	, , ,	, 3		
ļ	Ni waka a fakata waka a wasanika a waka a sana waka				
5	Number of states where property subject to conservation Does the organization have a written policy regarding the enforcement of the conservation easements it holds?		— Iling of violations, and Yes No		
5	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easem	,,		
	-				
•	A mount of expenses incurred in monitoring, inspecting \$ \blue{\blue}\$ = \blue{\blue}\$, and enforcing conservation easements	during the year		
3	Does each conservation easement reported on line 2 (c and section 170(h)(4)(B)(II)?	l) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)		
)	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial			
ar	Complete if the organization answered "Yes		or Other Similar Assets.		
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, o	or research in furtherance of public		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, education, o			
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		· -		
а	Revenue included in Form 990, Part VIII, line 1		▶ \$		
b	Assets included in Form 990, Part X		▶ \$		

Раг	TITLE Organizations Maintaining Co	niections of Art	t, nis	STOFIC	ai ireasi	ures, or o	tner	Similar As	sets (c	ontinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	_		-		ignificant use	of its	
а	Public exhibition		d	J	Loan or exc	change progr	ams			
b	Scholarly research		е	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ain ho	w they	further the	organızatıon	's exei	mpt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ar	┌ Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	d "Yes	s" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets no	t	┌ Yes	
ь	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing ta	ble					
								Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year					Γ	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21,	for esc	crow or cust	ــ todıal accouı	nt liabi	lity?	┌ Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	II Chack hara if the	a avnl	anatioi	n hac heen	provided in E	art VI	TT		Г
Pa	rt V Endowment Funds. Complete								• • •	·
	Endownient anasi complete	(a)Current year		Prior ye		wo years back			(e)Four	years back
1a	Beginning of year balance	6,307,998		5,29	95,525	4,492,809		4,642,337		3,916,423
b	Contributions	2,068,347		21	11,021	301,485		124,097		218,047
C	Net investment earnings, gains, and losses	217,515		82	27,158	539,650		-237,999		523,714
d	Grants or scholarships									
e	Other expenditures for facilities and programs	24,612		2	21,256	18,000		2,775		3,500
f	Administrative expenses	6,070			4,450	20,419		32,851		12,347
q	End of year balance	8,563,178		6,30	07,998	5,295,525		4,492,809		4,642,337
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lır	ne 1 a a	column (a))	held as	l			
a	Board designated or quasi-endowment	rent year end baran	CC (III	10 19,	coranni (a))	nera as				
b	Permanent endowment 100 000 %									
	T cimatent endowment p									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation	that ar	e held and	administered	l for th	10		
Ja	organization by	ssion of the organiz	acion	tilat ai	e neid and	aummisteret	1 101 (11	ıc	Yes	No
	(i) unrelated organizations							3a	(i)	No
	(ii) related organizations							3a(ii)	No
_	If "Yes" to 3a(II), are the related organization	•						3	b	No
4	Describe in Part XIII the intended uses of the						! +- F.	000 Da	t T\ / I	
Pa	t VI Land, Buildings, and Equipmed 11a. See Form 990, Part X, line		the o	organiz	zation ans	wered Yes	to re	oriii 990, Pa	artiv, i	me
	Description of property				Cost or other () Cost or other			(c) Accumulat depreciation		Book value
12	Land		_	+			_			
	Buildings		•							
	Leasehold improvements		•							
	Equipment		•				+			
	Other									
	II. Add lines 1a through 1e (Column (d) must a			umn (B), line 10(c).	.)				
	, , , , , , , , , , , , , , , , , , , ,		,	(-)	(-/-			Schedule I	O (Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Forn	n 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of val	
(including name of security)		Cost or end-of-year n	narket value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-11		
Part VIII Investments—Program Related. Cor	nplete if the organization	on answered 'Yes' to Fo	m 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of val	uation
(a) bescription of investment	(b) Book value	Cost or end-of-year n	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	,		
Part IX Other Assets. Complete if the organization		0, Part IV, line 11d See F	
(a) Descrip	tion		(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE			1,255,454
(2) OTHER ASSETS			73,431
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		1,328,885
Part X Other Liabilities. Complete if the organ			
Form 990, Part X, line 25.	(L) D = 1	1	
1 (a) Description of liability	(b) Book value	1	
Federal income taxes		_	
		4	
		1	
		4	
		1	
		1	
		1	
		1	
		1	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par	the organization answered 'Yes'			its With Revenue	per Retu	rn Complete if
1	Total revenue, gains, and other support pe				1	6,906,049
2	A mounts included on line 1 but not on Forr	n 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investmen	nts	2a	-243,75	7	
b	Donated services and use of facilities .		2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	-243,757
3	Subtract line 2e from line 1				3	7,149,806
4	Amounts included on Form 990, Part VIII,	, line 12, but not on line 1				
а	Investment expenses not included on Form	n 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c. (This mi				5	7,149,806
Part	Reconciliation of Expenses p if the organization answered 'Ye			nts With Expens	es per Re	t urn. Complete
1	Total expenses and losses per audited fina				1	4,142,418
2	A mounts included on line 1 but not on Form					
а	Donated services and use of facilities .		2a			
b	Prior year adjustments		2b		7	
c	Other losses		2c		7	
d	Other (Describe in Part XIII)		2d		7	
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	4,142,418
4	Amounts included on Form 990, Part IX, lii	ne 25, but not on line 1:				
а	Investment expenses not included on Form	n 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This r	nust equal Form 990, Part I, lır	ne 18)		5	4,142,418
Pari	XIII Supplemental Information					
Part	vide the descriptions required for Part II, lines V, line 4, Part X, line 2, Part XI, lines 2d and ration					ny additional
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493271000225 Schedule I OMB No 1545-0047 **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Treasury **Inspection** Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** UMC FOUNDATION 75-1639312 Part I **General Information on Grants and Assistance** 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 Part II 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. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable cash valuation non-cash assistance or assistance grant or government assistance (book, FMV, appraisal, other) (1) UMC HEALTH SYSTEM 75-1301362 3,794,843 0 602 INDIANA AVE LUBBOCK,TX 79415

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS		35,000			

Part IV Supplemental In	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Grantmaker's Description of How Grants are Used	SCHOLARSHIP POLICIES AND PROCEDURES, ALONG WITH THE APPLICATION FOR SCHOLARSHIPS, ARE ATTACHED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493271000225

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Name of the organization UMC FOUNDATION

Employer identification number

75-1639312

Рa	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 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 idemnification 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 in 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, 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			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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		Νo
b	Any related organization?	5b		No
	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 compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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 payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990		
1 SANDY OGLETREE, EXECUTIVE DIR	(i) (ii)	119,121	22,758	62,246			204,125			

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493271000225

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

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

Name of the organization
UMC FOUNDATION

Employer identification number
75-1639312

990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990, Part VI, Line 11b Form 990 Review Process					
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	A CONFLICT OF INTEREST STATEMENT IS SIGNED BY EACH BOARD MEMBER DISBURSEMENTS AND OTHER T RANSACTIONS ARE ANALYZED FOR POTENTIAL CONFLICTS OF INTEREST				
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE EXECUTIVE DIRECTOR IS EVALUATED ANNUALLY, AND HER SALARY IS PERIODICALLY COMPARED TO N ATIONAL AND REGIONAL AVERAGES FOR PERSONS IN COMPARABLE POSITIONS				
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THROUGH OUR OPEN RECORDS REQUEST PROTOCOL				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493271000225

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Name of the organization UMC FOUNDATION

Employer identification number

75-1639312

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) 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 entity			

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	(g) Section 512(b) (13) controlled entity?	
						Yes	No	
(1) UMC HEALTH SYSTEM 602 INDIANA AVE LUBBOCK, TX 79415 75-1301362	HEALTH CARE	TX	9,548	6	N/A	Yes		

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											$^{-}$

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

No

No

Chedule IX (I of it 1990) 2014		Ρ (age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	ו	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
• Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1р		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	

2 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

		<u>'</u>	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UMC HEALTH SYSTEM	b	3,829,843	GENERAL LEDGER
(2) UMC HEALTH SYSTEM	n	52,193	COST REPORT
(3) UMC HEALTH SYSTEM	0	117,031	COST REPORT
(4) UMC HEALTH SYSTEM	q	1,043,953	COST REPORT

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

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

4											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	,)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	te Code V-U	BI Genera	.al or′	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount i	ın manag	₄ging '	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partn	.ier?	1 '
1	1	foreign	unrelated,	organizations?		'	1	of Schedu	ie .		1 '
1	1	country)	excluded from	('	1	K-1			1 '
1		1	tax under	í		'	1	(Form 106	,5)		1
1	1	1	sections 512-	('	1	,	´		1
1	1	1	514)		$\overline{}$	'		$\overline{}$			
1	1	1	1 ' '	Yes No		'	Yes N	No	Yes	No	1
1	 		1	$\overline{}$	+	+		+			4
1			<u> </u>			'					

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

UMC Foundation Lubbock, Texas

Financial Statements

For the Years Ended:

December 31, 2014 and 2013

Robinson Burdette Martin & Seright, L.L.P.

a professional services firm of certified public accountants

Table of Contents

Independent Auditor's Report		1
Financial Statements		
Statements of Financial Position .		2
Statements of Activities		3
Statements of Cash Flows		4
Statements of Functional Expenses	 	5
Notes to Financial Statements .		6

a professional services firm of certified public accountants

9816 Slide Road Suite 301 Lubbock, Texas 79424 Telephone (806) 744-3333 Fax (806) 747-2106 www.rbmsllp.com

Independent Auditor's Report

To the Board of Directors UMC Foundation Lubbock, Texas

We have audited the accompanying financial statements of UMC Foundation, Lubbock, Texas (the "Foundation"), which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities, cash flows and functional expenses for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Robinson Burdette Martin & Seright, L.L.P.

Lubbock, Texas April 24, 2015

Statements of Financial Position December 31, 2014 and 2013

	_	2014		2013
Cash and cash equivalents	\$	6,415,740	\$	7,469,206
Pledges receivable, net		189,414		373,614
Grants receivable, current	_	1,230,000		215,750
Current Assets	_	7,835,154		8,058,570
Investments, at fair value		10,367,035		7,355,533
Grants receivable, noncurrent		-		55,000
Cash surrender value of life insurance		1,255,454		1,247,672
Other assets	_	73,431		95,714
Total Assets	\$_	19,531,074	\$	16,812,489
Accounts payable	\$_	169,136	\$	214,182
Total Liabilities	_	169,136		214,182
Unrestricted		4,774,264		4,292,196
Restricted	_	14,587,674	. ,	12,306,111
Total Net Assets	_	19,361,938	. ,	16,598,307
Total Liabilities and Net Assets	\$_	19,531,074	\$	16,812,489

Statements of Activities For the Years Ended December 31, 2014 and 2013

				2014		
		Unrestricted		Restricted		Total
Contributions Grants Investment income Interest income Other income Net assets released from restrictions	\$	1,630,583 502,339 - 56,106 5,986 2,429,472	\$	1,060,721 3,488,905 161,409 - (2,429,472)	\$	2,691,304 3,991,244 161,409 56,106 5,986
Revenue and Suppo	rt	4,624,486	_	2,281,563	_	6,906,049
Program Expense		3,829,843	_		_	3,829,843
Supporting services General and administrative Fund-raising		69,501 243,074	_	- -	_	69,501 243,074
Total Supporting Service	s	312,575	_		_	312,575
Total Expense	s	4,142,418	_		_	4,142,418
Change in Net Asse	ts	482,068	_	2,281,563	_	2,763,631
Net Assets, Beginning of Year		4,292,196	_	12,306,111	_	16,598,307
Net Assets, End of Year	\$	4,774,264	\$_	14,587,674	\$_	19,361,938
				2013		
	,	Unrestricted	_	2013 Restricted	_	Total
Contributions Grants Investment income Interest income Other income Net assets released from restrictions	\$	Unrestricted 1,186,791 - 65,297 33,082 1,916,442	\$		\$	Total 2,283,575 1,439,379 761,861 65,297 33,082
Grants Investment income Interest income Other income		1,186,791 - - 65,297 33,082	\$	1,096,784 1,439,379 761,861	\$	2,283,575 1,439,379 761,861 65,297
Grants Investment income Interest income Other income Net assets released from restrictions	rt	1,186,791 - 65,297 33,082 1,916,442	\$ -	Restricted 1,096,784 1,439,379 761,861 - (1,916,442)	\$	2,283,575 1,439,379 761,861 65,297 33,082
Grants Investment income Interest income Other income Net assets released from restrictions Revenue and Suppo	rt	1,186,791 - 65,297 33,082 1,916,442 3,201,612	\$	Restricted 1,096,784 1,439,379 761,861 - (1,916,442)	\$	2,283,575 1,439,379 761,861 65,297 33,082 - 4,583,194
Grants Investment income Interest income Other income Net assets released from restrictions Revenue and Suppo Program Expense Supporting services General and administrative	rt	1,186,791 - 65,297 33,082 1,916,442 3,201,612 2,950,789	\$	Restricted 1,096,784 1,439,379 761,861 - (1,916,442)	\$	2,283,575 1,439,379 761,861 65,297 33,082 - 4,583,194 2,950,789
Grants Investment income Interest income Other income Net assets released from restrictions Revenue and Suppo Program Expense Supporting services General and administrative Fund-raising	rt es	1,186,791 - 65,297 33,082 1,916,442 3,201,612 2,950,789 73,074 209,460	\$ -	Restricted 1,096,784 1,439,379 761,861 - (1,916,442)	\$	2,283,575 1,439,379 761,861 65,297 33,082 - 4,583,194 2,950,789 73,074 209,460
Grants Investment income Interest income Other income Net assets released from restrictions Revenue and Support Program Expense Supporting services General and administrative Fund-raising Total Supporting Services	rt es	1,186,791 - 65,297 33,082 1,916,442 3,201,612 2,950,789 73,074 209,460 282,534	\$ -	Restricted 1,096,784 1,439,379 761,861 - (1,916,442)	\$	2,283,575 1,439,379 761,861 65,297 33,082 - 4,583,194 2,950,789 73,074 209,460 282,534
Grants Investment income Interest income Other income Net assets released from restrictions Revenue and Support Program Expense Supporting services General and administrative Fund-raising Total Supporting Services Total Expense	rt es	1,186,791 65,297 33,082 1,916,442 3,201,612 2,950,789 73,074 209,460 282,534 3,233,323	\$	Restricted 1,096,784 1,439,379 761,861	\$	2,283,575 1,439,379 761,861 65,297 33,082 - 4,583,194 2,950,789 73,074 209,460 282,534 3,233,323

Statements of Cash Flows For the Years Ended December 31, 2014 and 2013

		2014	20	13
Cash Flows From Operating Activities				
Change in net assets	\$	2,763,631	\$ 1,3	49,871
Adjustments to reconcile change in net assets to net cash from operating activities				
Bad debt expense		37,302		45,851
Net realized and unrealized gains on investments		(167,731)	(3	48,624)
Net change in				
Pledges receivable		146,898		47,290
Grants receivable		(959,250)	(37,847)
Cash surrender value of life insurance		(7,782)		(8,663)
Other assets		22,283	(49,395)
Accounts payable		(45,046)	(1	42,077)
Net Cash Provided by Operating Activities		1,790,305	8	56,406
Cash Flows From Investing Activities				
Investment purchases, net of sales and maturities		(2,843,771)	(6	67,086)
Net Cash Used in Investing Activities	_	(2,843,771)	(6	67,086)
Net (Decrease) Increase in Cash and Cash Equivalents		(1,053,466)	1	89,320
Cash and Cash Equivalents, Beginning of Year	_	7,469,206	7,2	79,886
Cash and Cash Equivalents, End of Year	\$	6,415,740	\$7,4	69,206

Statements of Functional Expenses For the Years Ended December 31, 2014 and 2013

		2014								
		Program Services	•	General and Administrative		Fund-Raising		Total		
Program expenses and distributions	\$	3,586,769	\$	-	\$	-	\$	3,586,769		
Operating expenses										
Bad debt expense		-		37,302		-		37,302		
Event reimbursements		243,074		-		243,074		486,148		
Investment fees		-		24,612		-		24,612		
Other expenses	_	-	-	7,587				7,587		

69,501

69,501 \$

243,074

243,074 \$

555,649

4,142,418

	_			2	01:	3		
	_	Program Services	•	General and Administrative		Fund-Raising		Total
Program expenses and distributions	\$	2,741,329	\$	-	\$	-	\$	2,741,329
Operating expenses								
Bad debt expense		-		45,851		-		45,851
Event reimbursements		209,460		-		209,460		418,920
Investment fees		-		21,256		-		21,256
Other expenses	_	-	_	5,967			_	5,967
Total Operating Expenses	_	209,460	-	73,074		209,460	_	491,994
Total Expenses	\$	2,950,789	\$	73,074	\$	209,460	\$	3,233,323

243,074

3,829,843 \$

> > **Total Operating Expenses**

Total Expenses

Notes to Financial Statements December 31, 2014 and 2013

Note 1: Nature of Foundation

UMC Foundation, Lubbock, Texas (the "Foundation") was incorporated as a not-for-profit Foundation under the laws of the State of Texas on February 19, 1979. The Foundation was organized exclusively for charitable, educational and scientific purposes to assist in the establishment, operation and continuation of the University Medical Center ("UMC"). Upon approval by its board, expenditures are made from the Foundation for capital improvements, equipment, programs, services, and general support for UMC.

Note 2: Summary of Significant Accounting Policies

The Foundation's financial statements are prepared in accordance with accounting principles generally accepted in the United States of America, including specialized industry practices as specified in the American Institute of Certified Public Accountants audit and accounting guide titled *Not-for-Profit Foundations*

Financial Statement Presentation. The Foundation classifies its net assets based on the existence or absence of grantor- or donor-imposed restrictions. Amounts for the two classes of net assets – unrestricted and restricted – are displayed, as applicable, in the statement of financial position and changes in these classifications are summarized in the statement of activities.

Unrestricted and restricted net assets are defined as set forth below

- Unrestricted net assets represent resources that are not restricted by grantor- or donorimposed restrictions
- Restricted net assets represent amounts received from contributions, gains or revenues whose use is limited by grantor- or donor-imposed stipulations

Contributions and Unconditional Promises to Give. Contributions and unconditional promises to give are recognized as revenue when received. If there are no time or donor restrictions placed on these contributions and promises to give, the revenue is reflected as an increase in unrestricted net assets, however, if such restrictions do exist, the revenue is classified as restricted net assets, depending on the nature of the restriction. If a restriction is fulfilled in the same time period in which the restricted contribution is received, the Foundation reports that support as unrestricted. When a restriction expires (that is, when a stipulated time restriction ends or a purpose restriction is accomplished), restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions

An allowance for doubtful accounts is provided based on management's evaluation of potential uncollectible promises at year end

Contributed Facilities and Services. The Foundation receives donated services from a variety of unpaid volunteers who assist the Foundation in its activities and programs. No amounts have been recognized for these services in the accompanying statements of activities because the criteria for recognition of such volunteer effort have not been satisfied

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, support and expenses, and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates

Notes to Financial Statements December 31, 2014 and 2013

Note 2: Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents. The Foundation includes all cash accounts that are not subject to withdrawal restrictions or penalties and all highly liquid debt instruments with original maturities of three months or less as cash and cash equivalents

Investments. Investments are reported at fair value. Investment income or loss recorded in the statement of activities includes interest, dividends, and realized and unrealized gains and losses on investments. Investment income or losses are reported as increases or decreases in unrestricted net assets, unless the donor or law restricts the use of investment income.

Functional Allocation of Expenses. The costs of providing the various programs and other activities of the Foundation have been summarized in the financial statements on a functional basis. Accordingly, certain costs have been allocated amongst the programs and supporting services benefited

Income Taxes. The Foundation is designed as an Internal Revenue Code Section 501(c)(3) Foundation and, accordingly, is exempt from federal income taxes. Therefore, no provision has been made for such taxes in the accompanying financial statements. In addition, the Foundation has been deemed by the Internal Revenue Service to be an "exempt private foundation" within the meaning of Section 509(a) of the Internal Revenue Code and could be subject to excise taxes. The Foundation had no excise or unrelated business income activity for the years ended December 31, 2014 and 2013

GAAP requires management to evaluate tax positions taken by the Foundation and recognize a tax liability (or asset) if the Foundation has taken an uncertain tax position that more likely than not would be sustained upon examination by the applicable authorities. There are currently no audits for any tax periods in progress. Generally, the Foundation's tax returns are subject to examinaion for three years after they are filed

Note 3: Investments

At December 31, 2014 and 2013, investments consisted of mutual funds, equity securities, common stocks, money market funds and certificates of deposit. Investment income from investments and cash equivalents is comprised of the following for the years ended December 31.

2014	<u>Uni</u>	estricted	<u>_</u> F	Restricted	_	Total
Dividends and interest Net gains	\$	56,106 <u>–</u>	\$ 	118,052 43,357	\$ 	174,158 43,357
Total	\$	<u>56,106</u>	\$	<u>161,409</u>	\$	217,515
2013	<u>Uni</u>	estricted	F	Restricted		Total
Dividends and interest Net gains	\$	65,297 	\$	53,001 708,860	\$	118,298 708,860
Total	\$	65,297	\$	761,861	\$	827,158

Investment fees totaled \$24,612 and \$21,256, respectively, for the years ended December 31, 2014 and 2013

Notes to Financial Statements December 31, 2014 and 2013

Eair Value

Note 4: Fair Value Measurements

Fair values of assets measured on a recurring basis at December 31, are as follows.

2014	_	_Fair Value			Significant Unobservable Inputs (Level 3)		
Mutual funds	\$	4,567,812	\$	4,567,812	\$	_	
Equity securities		674,606		674,606		_	
Common stock		1,682,763		1,682,763		-	
Money market funds		1,637,997		_		1,637,997	
Certificates of deposit	_	1,803,857	_			<u>1,803,857</u>	
Total	\$	10,367,035	\$_	6,925,181	\$_	3,441,854	
2013							
Mutual funds	\$	4,145,111	\$	4,145,111	\$	_	
Equity securities		567,517		567,517		_	
Common stock		1,396,236		1,396,236		_	
Money market funds		199,134		_		199,134	
Certificates of deposit		1,047,535	_	<u> </u>	_	1,047,535	
Total	\$	7,355,533	\$_	6,108,864	\$_	1,246,669	

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Foundation uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Foundation measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds are based on quoted net asset values of the shares held by the Foundation at year end. The fair values of equity securities and common stocks are based on quoted market prices.

Level 3 Fair Value Measurements

The fair values of money market funds and certificates of deposit are based on amortized cost or original cost plus accrued interest. The following table provides further details of the Level 3 fair value measurements.

Notes to Financial Statements December 31, 2014 and 2013

Note 4: Fair Value Measurements (continued)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

2014		Money Markets		Certificates of Deposit		Total
Beginning balance	\$	199,134	\$	1,047,535	\$	1,246,669
Contributions		3,088,656		750,000		3,838,656
Interest income		118,052		6,322		124,374
Distributions		(1,743,233)		_		(1,743,233)
Administrative fees		(24,612)	_		_	(24,612)
Total	\$_	1,637,997	\$	1,803,857	\$_	3,441,854
2013		Money Markets		Certificates of Deposit	_	Total
Beginning balance	\$	414,268	\$	1,044,297	\$	1,458,565
Contributions		1,248,579		-		1,248,579
Interest income		53,001		3,238		56,239
Distributions		(1,495,458)		_		(1,495,458)
Administrative fees	_	(21,256)	_		_	(21,256)
Total	\$_	199,134	\$_	1,047,535	\$_	1,246,669

Note 5: Receivables

The Foundation was awarded eight grants during 2014, seven of which were received by year end, with the remaining grant expected to be received during 2015. The Foundation was awarded nine grants during 2013, seven of which were received by year end, with the remaining two received during 2014. One additional grant awarded in 2012 is expected to be received during 2015.

Pledges and grants receivable are recorded on the accompanying statements of financial position as follows at December 31

2014	Pledges <u>Receivable</u>		Grants <u>Receivable</u>	
Receivable in the next year	\$	193,527	\$	1,230,000
Receivable in the next two years Less allowance for uncollectible accounts		615 (4,728)	_	<u>-</u>
Total	\$	189,414	\$_	1,230,000
2013	_R	Pledges Receivable	_	Grants Receivable
2013 Receivable in the next year	<u>_R</u> \$	_	\$	
		Receivable	_	Receivable

Notes to Financial Statements December 31, 2014 and 2013

Note 6: Concentrations of Credit Risk

The Foundation maintains its cash balances in a bank deposit account which at times exceed federally insured limits. Cash and cash equivalents represented approximately 33% and 45% of total assets at December 31, 2014 and 2013, respectively.

For the years ended December 31, 2014 and 2013, contributions and grants comprised approximately 97% and 81%, respectively, of total revenue and support. Approximately 92% and 32% of total contributions and grants were from three donors for the years ended December 31, 2014 and 2013, respectively, also representing about 53% and 26% of total revenue and support for the year, respectively

Investments represented approximately 53% and 44% of total assets at December 31, 2014 and 2013, respectively Approximately 83% and 86% of the Foundation's investments were maintained with a single financial institution at December 31, 2014 and 2013, respectively

Note 7: Restricted Net Assets

Restricted net assets of the Foundation at December 31, 2014 and 2013, were available for equipment, software, programs, and services related to the mission of the Foundation, which is to support UMC in providing medical and hospital care to the residents in the Texas South Plains

Note 8: Endowment Insurance Program

From time to time certain donors have purchased life insurance policies under the program with the Foundation named as the owner and beneficiary of the policies. These donors have agreed to make annual contributions in amounts sufficient to pay the annual premiums on the policies. Upon the deaths of the donors, the Foundation will receive the proceeds of these policies, which will be used toward the programs and operating costs of the Foundation, or for other donor stipulated purposes. At December 31, 2014 and 2013, the total cash surrender value of these policies was \$1,255,454 and \$1,247,672, respectively. The total face value of these insurance policies was \$3,323,984 per annum at December 31, 2014 and 2013.

Note 9: Subsequent Events Evaluation

Management has evaluated subsequent events through April 24, 2015, the date which the financial statements were available to be issued. No material subsequent events have occurred during this time which would require recognition in the financial statements or footnotes as of or for the year ended December 31, 2014.