

### 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



### SCANNED JAN 252

### Form 990-PF

### Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

N	ame of fou	dar year 2014 or tax year beginning U9/U1/14 ,a <sup>undation</sup> NSVILLE MEMORIAL FOUNDATION	and ending 08/3	1/15	A Emplo	oyer identification number	
		A GREENSVILLE MEMORIAL HOSPIT	דאי		5.4	-0645217	
		d street (or P O box number if mail is not delivered to street address)		oom/suite		hone number (see instructions	
		BOX 1015	'``	John Double		4-336-9822	•,
		n, state or province, country, and ZIP or foreign postal code					
I	MPO	RIA VA 23847			C If exer	nption application is pending,	check here
G	Check a	all that apply:	n of a former public ch	arity	D 1. Fo	reign organizations, check he	ere 🕨 🗌
		Final return Amended	return		2. Fo	reign organizations meeting t	he
		Address change Name cha	nge		85	% test, check here and attach	computation
Н	Check t	type of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was tem	ninated under
			e private foundation			n 507(b)(1)(A), check here	<b>▶</b> _
I F		rket value of all assets at J Accounting method	Cash X Acc	rual	F If the f	oundation is in a 60-month te	rmination
e	nd of ye	ear (from Part II, col. (c), Other (specify)				section 507(b)(1)(B), check h	_ [
	ne 16) l		oe on cash basis.)				
F	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	<b>4.1.1.</b>		4.5.4.14	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
_	T_		200.00				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				***************************************	
	2	Ĉheck ► X if the foundation is <b>not</b> required to attach Sch B	92 166			00.166	
	3	Interest on savings and temporary cash investments	82,166		06 606	82,166	
	4	Dividends and interest from securities	96,686 452,972		96,686		***************************************
	5a	Gross rents Net rental income or (loss) 311,042	452,912	49.	52,972		***************************************
Revenue	b	Net rental income or (loss) 311,042  Net gain or (loss) from sale of assets not on line 10 STMT 1	242,957				
Je I	6a b	Gross sales price for all assets on line 6a 1,113,664	242,337	<u> </u>			
ě	7	Capital gain net income (from Part IV, line 2)		2	42,665		
•	8	Net short-term capital gain			12,005	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)		••••••••••••••••••••••••••••••••••••••	**************		
	11	Other income (attach schedule) STMT 2	282,506	1:	26,056	156,450	
	12	Total Add lines 1 through 11 AG (C)	1,157,287	<del></del>	18,379		
	13	Compensation of officers glirectors, trustees, etc	38,216	<del>1</del>	9,554	9,554	
sesued	14	Other employee salaries and wages	•			•	· - ·
e	15	Pension vitare employee benefits U					
	16a	Legal fees (attach schedule) SEE STMT 3	3,205			3,205	
Ш	b	Legal fees (attach schedule) SEE STMT 3 Accounting fees (attach schedule) STMT 4	21,733		7,200	13,806	727
≗	С	Other professional fees (attach schedule) STMT 5	37,325		37,325		
Ī	17	Interest	73,439			73,439	
ži.	18	Taxes (attach schedule) (see instructions) STMT 6	20,587				
Operating and Administrative E	19	Depreciation (attach schedule) and depletion STMT 7	89,359			88,879	
Þ	20	Occupancy	6,600			2,640	_,
þ	21	Travel, conferences, and meetings		ļ. <u>.</u>			
an	22	Printing and publications					
b	23	Other expenses (att sch.) STMT 8 STMT 9	273,002	1	41,930	27,015	52,500
aŧi	24	Total operating and administrative expenses.	<b></b>	_			
ě	1	Add lines 13 through 23	563,466		96,009	218,538	53,227
S	25	Contributions, gifts, grants paid	462,895		00.000		335,005
	26	Total expenses and disbursements. Add lines 24 and 25	1,026,361	<u> </u>	96,009	218,538	388,232
	27	Subtract line 26 from line 12	130 000	Ī			
	a	Excess of revenue over expenses and disbursements	130,926	***************************************	22 274		
	b	Net investment income (if negative, enter -0-)			22,370	20 079	

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of y	ear
_		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	丄	(c) Fair Market Value
	1	Cash – non-interest-bearing	146,907	130,86	52	130,862
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶			1	
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable			$\top$	
i	6	Receivables due from officers, directors, trustees, and other			$\Box$	
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att schedule) ► SEE WRK 1,203,815			_	
		Less allowance for doubtful accounts ▶ 0	1,314,673	1,203,81	15	1,203,815
	8	Inventories for sale or use	2,321,373	2,203,02	⇈	
sets	9	Prepaid expenses and deferred charges		12,53	<u> </u>	12,530
5	10a	Investments – U.S. and state government obligations (attach schedule)			<del>''</del>	
`\	b	Investments – corporate stock (attach schedule) SEE STMT 10	4,206,727	4,224,27	72	4,224,272
		, , , , , , , , , , , , , , , , , , , ,	4,200,121	4,224,21	<u>'-</u>	4,224,212
ļ	C	Investments – corporate bonds (attach schedule)  Investments – land, buildings, and equipment basis ▶ 7,285,413				·
- 1	11		4 466 005	4 310 66	ار	4 210 662
- 1	40		4,466,985	4,318,66	23	4,318,663
١	12	Investments – mortgage loans	101 010	120.04	_	100 016
ı	13	Investments – other (attach schedule) SEE STATEMENT 12	191,312	138,24	10	138,246
	14	Land, buildings, and equipment basis ► 3,566,641				
		Less accumulated depreciation (attach sch.) STMT 13 534,095	3,121,906	3,032,54		3,032,546
		Other assets (describe ► SEE STATEMENT 14 )	1,131,818	1,143,00	)5	1,143,005
	16	Total assets (to be completed by all filers – see the				
4		instructions. Also, see page 1, item I)	14,580,328	14,203,93	_	14,203,939
		Accounts payable and accrued expenses	159,684	294,41	<u>.5</u>	
[م		Grants payable			_	
ĕ	19	Deferred revenue			_	
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			_	
ᅙ	21	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	1,695,792	1,491,28	_	
-		Other liabilities (describe SEE STATEMENT 15 )	650,332	524,67	_	
_	23	Total liabilities (add lines 17 through 22)	2,505,808	2,310,37	70	
		Foundations that follow SFAS 117, check here				
ဗ္ဗ		and complete lines 24 through 26 and lines 30 and 31.				
ဍ	24	Unrestricted	10,745,556	10,584,12	20	
Net Assets or Fund Balan	25	Temporarily restricted	1,328,964	1,309,44	19	
	26	Permanently restricted				
틹		Foundations that do not follow SFAS 117, check here				
듸		and complete lines 27 through 31.				
힜	27	Capital stock, trust principal, or current funds				
띐	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
3	29	Retained earnings, accumulated income, endowment, or other funds				
긂	30	Total net assets or fund balances (see instructions)	12,074,520	11,893,56	59	
ž	31	Total liabilities and net assets/fund balances (see			7	
		instructions)	14,580,328	14,203,93	39	
	Part II	Analysis of Changes in Net Assets or Fund Balances				
1	Total	net assets or fund balances at beginning of year – Part II, column (a), line 30 (musi	t agree with		$\top$	
		f-year figure reported on prior year's return)		1	<u>. [</u>	12,074,520
2		amount from Part I, line 27a		2	<u>.</u> T	130,926
		ıncreases not included ın line 2 (ıtemize) ▶		3	-	
		nes 1, 2, and 3		4	-	12,205,446
		ases not included in line 2 (itemize) ▶ SEE STATEMENT 16		5	_	311,877
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b)	), line 30	6	$\overline{}$	11,893,569
_						

Part IV Capital Gains and	Losses for Tax on Investment	Income	34 0043217		
(a) List and describe the	ne kind(s) of property sold (e.g., real estate, use, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acqu (mo , day, y	
1a GMF DAVENPORT			P	VARIOU	S VARIOUS
b KING ACCOUNT			P	VARIOU	
_c LBC			P	VARIOU	S VARIOUS
<del>d</del>					
<u>e</u>	(D.D	(=) O==1 ==	-15		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain or (loss) i) plus (f) minus (g)
a 323,056			221,831		101,22
b 246,747			196,829		49,91
<u>c</u> 535,101			443,579		91,52
_d					
Complete only for assets showing gain	ın ın column (h) and owned by the founda	tion on 12/31/60	1		
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess	s of col (i) (j), if any	col (k),	ns (Cot (h) gain minus but not less than -0-) <b>or</b> isses (from cot (h))
а					101,22
b					49,91
С					91,52
d					
e				<del>-                                    </del>	
2 Capital gain net income or (net capital	If gain, also enter in Part If (loss), enter -0- in Part			2	242,66
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, colupart I, line 8	<b>—</b> `	_	 	3	
·· · · · · · · · · · · · · · · · · · ·	r Section 4940(e) for Reduced	Tax on Net I	nvestment Inco	me	
If section 4940(d)(2) applies, leave this pa Was the foundation liable for the section 4 If "Yes," the foundation does not qualify u	4942 tax on the distributable amount of ar		se period?		Yes X No
1 Enter the appropriate amount in each	column for each year, see the instruction	s before making	any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) of noncharitable-use assets	1 (0	(d) Distribution ratio col (b) divided by col (c))
2013	209,11		5,156,2		0.04055
<u>2012</u> 2011	371,74		4,891,7 5,708,1		0.07599 0.07013
2010	304,26		7,961,7	120	0.03821
2009	181,13		7,712,0	38	0.02348
2 Total of line 1, column (d)				2	0.24839
3 Average distribution ratio for the 5-year number of years the foundation has b	ar base period – divide the total on line 2 been in existence if less than 5 years	by 5, or by the		3	0.04967
4 Enter the net value of noncharitable-u	use assets for 2014 from Part X, line 5			4	5,725,27
5 Multiply line 4 by line 3				5	284,42
6 Enter 1% of net investment income (1	% of Part I, line 27b)			6	7,22
7 Add lines 5 and 6				7	291,64
8 Enter qualifying distributions from Par If line 8 is equal to or greater than line	rt XII, line 4 e 7, check the box in Part VI, line 1b, and i	complete that pa	art using a 1% tax rate	8 . See the	388,23
Part VI instructions					

	1990-PF (2014) GREENSVILLE MEMORIAL FOUNDATION 54-0645217					P	age 4
Pí	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions	)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	L	1			7,	224
	here ▶ X and enter 1% of Part I, line 27b			1			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			1			
	Part I, line 12, col (b)	l					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	L	2				0
3	Add lines 1 and 2	L	3			<u>7,</u>	224
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>	5	1	<del> </del>	7,	224
6	Credits/Payments			1			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 19,600			1			
b	Exempt foreign organizations – tax withheld at source	1					
С	Tax paid with application for extension of time to file (Form 8868)  6c			1			
d	Backup withholding erroneously withheld 6d			1			
7	Total credits and payments Add lines 6a through 6d	L	7			19,	<u>600</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	L	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	L	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Ŀ	10			12,	<u> 376</u>
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 7,600 Refunded ▶	Ŀ	11			4,	776
₽₽	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
	participate or intervene in any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers. ▶ \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part 2	ΧV	,		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►  VA						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation				8b	x	Ī
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"						Ī
	complete Part XIV				9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses				10		¥

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

X

	1990-PF (2014) GREENSVILLE MEMORIAL FOUNDATION		0645217			<u> </u>	age <b>6</b>
P	art VII-B Statements Regarding Activities for Which Form	<u>4720 May Be F</u>	Required (cont	tinued)			
5a	, , , , , , , , , , , , , , , , , , , ,						Ė
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	□ ,	Yes 🔀 No		I	É
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,				1	Ė
	directly or indirectly, any voter registration drive?		□ ,	Yes X No	il	I	Ė
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		□'	Yes X No		I	Ė
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		( <del></del> -		I	į
	section 4945(d)(4)(A)? (see instructions)		□ '	Yes 🛣 No	1	I	į
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		( <del></del> -	1	I	Ė
	purposes, or for the prevention of cruelty to children or animals?			Yes 🔀 No		I	į
þ	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify unde		scribed in	1-	Ė	1	ĺ
	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b		ļ
	Organizations relying on a current notice regarding disaster assistance check her			<b>▶</b> [_]		I	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax	/			I	
	because it maintained expenditure responsibility for the grant?		N/A 🗌 🔻	Yes No		ı	
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					I	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	/ premiums		-		I	
	on a personal benefit contract?			Yes X No		ŧ	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contra	ict?		6b		X
	If "Yes" to 6b, file Form 8870			-		I	:
	At any time during the tax year, was the foundation a party to a prohibited tax she			res X No		ŧ	:
	If "Yes," did the foundation receive any proceeds or have any net income attribute			N/A	7b		
P	Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						
<u> </u>	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).	1			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Ev	ense ac	count
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowan	
				compensation	₽		
SE	E STATEMENT 17						
	· · · · · · · · · · · · · · · · · · ·						
					<del> </del>		
			ļ				
					<del> </del>		
		L		l			
2	Compensation of five highest-paid employees (other than those included of "NONE."	on line 1 – see ins	tructions). If non	e, enter			
	NONE.		<u> </u>				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(-) Componentian	(d) Contributions to employee benefit	(e) Exp	ense acc	count,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other	r allowan	ices
NTC	ATT			compensation	<del>                                     </del>		
NC	NE						
		<u> </u>			<del></del>		
			<del></del>				
				ļ	<del> </del>		
		1					
	Laurehan of other annulum and annulum AFC 202		l	l	<u> </u>		
ota	I number of other employees paid over \$50,000				<u> </u>		0
				F	om <b>99</b>	U-PF	(2014)

Form 990-PF (20	14) GREENSVILLE MEMORIAL FOUNDATION	54-0645217	Page 7
Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	
3 Five highe	est-paid independent contractors for professional services (see ins	structions). If none, enter "NONE."	-
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
_			
Total number of	others receiving over \$50,000 for professional services		
			<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informat ther beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1 A FOU	NDATION THAT UTILIZES ITS ASSETS AN	D DONATIONS FOR	
THE P	URPOSE OF COMMUNITY HEALTH AND PUBL	IC BENEFIT.	
			53,227
2			
3	<del></del>	<del></del>	
_	•		
4			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	<u>.                                    </u>
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
	<u></u>		
2			
All other program-re	elated investments. See instructions		
3			

Form **990-PF** (2014)

Total. Add lines 1 through 3

	Minimum Investment Return (All domestic foundations must complete this part Foreig	n fou	ndations,
	see instructions.)		<u> </u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	_1a	5,655,254
b	Average of monthly cash balances	1b	157,209
С	Fair market value of all other assets (see instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	5,812,463
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	5,812,463
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	87,187
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,725,276
6	Minimum investment return. Enter 5% of line 5	6	286,264
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	lations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	286,264
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	7,224
3	Distributable amount before adjustments Subtract line 2c from line 1	3	7,224 279,040
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	279,040
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	279,040
P:	art XII Qualifying Distributions (see instructions)		
		1 :	
1_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		200 020
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	388,232
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	200 000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	388,232
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	7 004
_	Enter 1% of Part I, line 27b (see instructions)	5	7,224
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	381,008

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2014)

Pa	irt XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part X	Ű,	Corpus	Years prior to 2013	2013	2014
	line 7					279,040
2	Undistributed income, if any, as of the end	d of 2014				
а	Enter amount for 2013 only				5,269	
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 2	014				
а	From 2009					
b	From 2010					
С	From 2011					
d	From 2012					
е	From 2013					
f	Total of lines 3a through e					
4	Qualifying distributions for 2014 from Part	XII.				
	line 4 ▶ \$ 388,232	·				
а	Applied to 2013, but not more than line 2a	1			5,269	
	Applied to undistributed income of prior ye	The state of the s			······································	
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection				
•	required – see instructions)					
а	Applied to 2014 distributable amount		, , , , , , , , , , , , , , , , , , , ,	***************************************		279,040
	Remaining amount distributed out of corp	ııe İ	103,923			2.3,010
5	Excess distributions carryover applied to	l l	200,020			
•	(If an amount appears in column (d), the s					****
	amount must be shown in column (a)	,ame				
6	Enter the net total of each column as					
•	indicated below:					
-	Corpus Add lines 3f, 4c, and 4e Subtrac	line 5	103,923			
	Prior years' undistributed income Subtrac		103,323			
U	line 4b from line 2b	1			1	
_		uto d			<del></del>	······································
C	Enter the amount of prior years' undistribu	Į.				
	income for which a notice of deficiency ha					
	been issued, or on which the section 4942	<sup>2(a)</sup>				
	tax has been previously assessed					······································
a	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2013 Subtract li	ne				
	4a from line 2a Taxable amount – see					
	instructions					······································
T	Undistributed income for 2014 Subtract li					
	4d and 5 from line 1 This amount must be	9				•
_	distributed in 2015					0
7	Amounts treated as distributions out of co	•				
	to satisfy requirements imposed by sectio					
	170(b)(1)(F) or 4942(g)(3) (Election may I	pe				
_	required—see instructions)				<del></del>	
8	Excess distributions carryover from 2009					
_	applied on line 5 or line 7 (see instruction	· .			····	**************************
9	Excess distributions carryover to 2015	<b>)</b> ,	400 000		1	
	Subtract lines 7 and 8 from line 6a	ļ	103,923		<del></del>	***************************************
0	Analysis of line 9				1	
а	Excess from 2010				1	
b	Excess from 2011				1	
С	Excess from 2012				1	
d	Excess from 2013					
е	Excess from 2014	103,923				······································

SEE STATEMENT 20

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 21 335,005 335,005 Total ▶ 3a **b** Approved for future payment SEE STATEMENT 22 219,457 Total **▶** 3b 219,457

Enter gross amounts unless otherwise indicated					
- 3	Unrelated	d business income	Excluded	by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			20	450 000	(OCC INSTRUCTIONS )
a YMCA RENT			30	150,000	····
b					·
C		<del></del>			<del></del>
d	-	····			
e	<b>—</b>				<del>-</del>
f		<del></del>			
g Fees and contracts from government agencies	<del></del>				
2 Membership dues and assessments	900003	92 166			·· ·· -
3 Interest on savings and temporary cash investments	900003	82,166	14	06 606	
4 Dividends and interest from securities  5 Not contain agency or (loca) from securities	<del> </del>		7.3	96,686	
5 Net rental income or (loss) from real estate	<del> </del>				
Debt-financed property     Not debt-financed property	<del>                                     </del>		30	311,042	
Net rental income or (loss) from personal property			-30	311,042	
7 Other investment income			30	126,056	<del></del>
8 Gain or (loss) from sales of assets other than inventory		·	18	242,665	292
Net income or (loss) from special events				242,005	232
O Gross profit or (loss) from sales of inventory  O Gross profit or (loss) from sales of inventory					
1 Other revenue a		-11-1			<del></del>
b MISCELLANEOUS INCOME		•	1	1,450	
c SCHOLARSHIP FORFEITURE INCOME			25	5,000	
d					
e					
2 Subtotal Add columns (b), (d), and (e)		82,166		932,899	292
3 Total. Add line 12, columns (b), (d), and (e)	(	<u> </u>		13	1,015,357
See worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities to the Ac	complishme	ent of Exempt Pu	rpose	S	
Line No. Explain below how each activity for which income i					
▼ accomplishment of the foundation's exempt purpose		v providing funds for	uch nur		- \
	ses (other than t	by providing funds for a	such pur	poses) (See instruction:	s)
N/A	ses (other than t	by providing funds for s	such pur	poses) (See Instruction	s)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s		poses) (See Instruction	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	5)
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction	
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction	
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction	
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	
	ses (other than t	y providing runus for s	such pur	poses) (See Instruction:	
	ses (other than t	y providing funds for s	such pur	poses) (See Instruction:	
	ses (other than t	y providing runus for s	such pur	poses) (See Instruction:	
	ses (other than t	y providing runus for s	Such pur	poses) (See Instruction:	
	ses (other than t	y providing runus for s	such pur	poses) (See Instruction:	

	XVII	Information Reg	arding Tr	ansfers To an		ns and Relat	ionships Wi	th Nonchari	table	<u> Fag</u>	ge 13
		Exempt Organiz					<del></del>			1	
	_	anization directly or ind		·		•				Yes	No
	rganizatioi	01(c) of the Code (othe	i man secuc	iii 50 i(c)(5) digam	zations) or in sec	aton 527, relating	to political				
	_	om the reporting found	ation to a no	ncharitable exemp	it organization of						
	) Cash	om the reporting round	u.io.i to u iio	monantable exemp	it organization or				1a(1)	İ	x
•	) Other a	ssets							1a(2)		X
b O	ther trans	actions									
(1	) Sales o	f assets to a noncharita	able exempt	organization					16(1)	1	x
(2	) Purcha	ses of assets from a no	ncharitable i	exempt organization	on				1b(2)		X
(3	) Rental	of facilities, equipment,	or other ass	ets					1b(3)		X
(4	) Reimbu	rsement arrangements	}						1b(4)		X
(5	) Loans o	or loan guarantees							1b(5)		X
	-	nance of services or me		•					1b(6)		<u>X</u>
		acilities, equipment, ma							1c		_X_
		er to any of the above is									
		goods, other assets, o	_	-	_						
	.ine no	transaction or sharing (b) Amount involved		e of nonchantable exem			ription of transfers, tra		no arrangeme		
N/A		(5) / 1100111111111101	(0) (10)	o or rioridi la riabilo exem	pr organization	(4) 2630	inputor of transfers, tra	aria silai	ing an angeme		
.,											
						<del></del> -		•			
					-		<del></del>				
					_		*				
					·						
							-		<u> </u>		
	-						_				
	-										
				_							
2a Is	the found	ation directly or indirec	tly affiliated v	with, or related to,	one or more tax-	exempt organizat	ions				
de	escribed in	section 501(c) of the	Code (other t	than section 501(c	)(3)) or in section	527?			☐ Ye	es X	No
b If	"Yes," con	nplete the following sch	nedule	<del>-</del>							
		a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship			
N/	A										
		<del></del>									
		<del></del>									
	-					<del></del>					
	Under no	soltion of nonuncial declared	t I hous avamus	ad this satura including	annon ma achad	doe ond statements of					
	correct, as	nalties of perjury, I declare than nd complete Declaration of p	reparer (other th	an taxpayar is based o	n all information of wh	iles and statements, a ich preparer has any	knowledge				
·:		////						_ ·	discuss this reparer shown be		
Sign			///\	X o d	٨	1,5/1,		(see instruc		Yes	No
lere		II IIIM M	r BAM	allen-		15/16	A CHAT				
	Sign	sture of officer or trustee	~ # ()	<del>/</del>	Date	1.0	CHAI	KNAN		<del></del> -	
	<u> </u>				T		, Ima			, .	
	Printity	pe preparer's name			Preparer's signatur	Ð		Di	ate	Check	
Paid	KELL:	I P. MEADOWS,	CPA							self-em;	ployed
repare	er F		_	UHART ACE	REE & COO	K, LLP	· · ·	DTIN T	200404	175	
Jse On	lv			RY CT STE		عبد المبد	·	· · · · · · · · · · · · · · · · · · ·	. 00704	113	
	'""''		MOND, V					Phone no 8	04-24	9-5	786
		312 414		<del></del>	<u> </u>					<u> </u>	

### **Federal Statements**

54-0645217 FYE: 8/31/2015

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	
Part I. Line	Assets
Part I. Line	ð
Part I. Line	<u>0</u>
Part I. Line	- Sal
	<b>6a</b>
	ine
Statement 1 - Form 990-PF.	Part
Statement 1 - Form 9	90-PF.
Statement 1 - F	orm 9
Statement 1 ·	4
Statement	÷
	Statement

	Net eciation Gain / Loss	292 \$ 292	292 \$ 292
	Expense Depreciat	₩.	\$ 0
	Cost	\$ 091,8	8,760 \$
How Received	Sale Price	PURCHASE 8,760 \$	\$ 092'8
	Date Sold	9/01/14 \$	ω
Description	Date Acquired	6/25/14	
	Whom Sold	SEWER LINE	TOTAL

# Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Re	venue per Books	Net	Net Investment Income	A	justed Net Income
INCOME FROM SUBSIDIARY YMCA RENT MISCELLANEOUS INCOME SCHOLARSHIP FORFEITURE INCOME	<sub>\$\triangle}\$\$</sub>	126,056 150,000 1,450 5,000	٠ S	126,056	ూ	150,000 1,450 5,000
TOTAL	w.	282,506	w w	126,056	ς»   	156,450

# Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Sharitable Purpose		0
	ၯ	ςς.
djusted Net	3,205	3,205
∢	တ	ω
Net nvestment		0
	တ	w
Total	3,205	3,205
	တ	w.
	NAGLE	
otion	HANCOCK, DANIEL, JOHNSON & NAGLE	
Description	DANIEL,	ij.
:	HANCOCK,	TOTAL

4-6

107280 Greensville Memorial Foundation

# Federal Statements

1/13/2016 12:15 PM

54-0645217 FYE: 8/31/2015

	Charitable Purpose	\$ 727	\$ 727
ses	Adjusted Net	13,806	13,806
nting Fe	1	w	φ. 
16b - Accou	Net Investment	7,200	7,200
art I, Line	<u>I</u>	φ	φ.
Form 990-PF, Part I, Line 16b - Accounting Fees	Total	14,533 7,200	21,733
		φ	တ
Statement 4 -	Description	MEADOWS URQUHART ACREE & COOK CREEDLE, JONES & ALGO	TOTAL

Charitable Purpose	\$	\$	
Adjusted Net	\$	0 \$	
Net /estment	37,325	37,325	
Ē	ၯ	φ	
Total	37,325	37,325	
	ဟ	w.	
Description	INVESTMENT FEES	TOTAL	

Statement 6 - Form 990-PF, Part I, Line 18 - Taxes

Statement 5 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose		0
Adjusted Net	တ	\$ 0
Ao	န	ς,
Net vestment		0
Inv	တ	w.
Total	20,587	20,587
	φ. 	w.
Description	EXCISE TAX	TOTAL

# Federal Statements

54-0645217 FYE: 8/31/2015

Statement 7 - Form 990-PF, Part I, Line 19 - Depreciation

	Description	ion						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	ar Net Investment		Adjusted Net Income
DEPRECIATION					so.	0 \$#67890987654	7654.5	
DEPRECIATION		89.561			89.359	359		88.879
TOTAL	0	\$ 89,561			\$ 89,359	359 \$		88,879
		1	Statement 8 - Form 990-PF, Part I, Line 23 - Amortization	rt I, Line 23	- Amortization			
	Date Acquired	Cost	Prior Year Amortization	Cu Life An	Current Year Namortization	Net Investment Income	Adjusted Net Income	let COGS
AMORTIZATION		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		4,798 \$	' တ		
TOTAL		\$	\$	w w	4,798 \$	· · · · · · · · · · · · · · · · · · ·		°

5
چ
ᆫ
. ~
S
$\overline{}$
ċ١
$\boldsymbol{\sim}$
$\overline{}$
-
ထ
#
_
5
/201
/201
3/201
/201
/201

# Federal Statements

54-0645217 FYE: 8/31/2015

Other Expenses	
23 -	
Line	
Part	
990-PF,	
- Form	
Statement 9	

Description	Total	<b>u</b>	Net Investment	Adjusted Net	sted et	Cha Pu	Charitable Purpose
RENTALS INVESTMENT DEPRECIATION	\$ 141,930	 	141,930	w.		<b>ა</b> .	
EXPENSES INSURANCE SCHOLARSHIP EXPENSES TELEPHONE OFFICE EXPENSE MISCELLANEOUS TRAVEL, MEALS & ENTERTAINMENT	27,074 52,500 2,870 34,030 6,237	4 0 0 0 4 8 8 9 4 8 8 9 9 4 8 8 9 9 9 8 9 9 9 9			10,830 1,148 13,612		52,500
TOTAL	\$ 268,204		141,930	w w	27,015	ω   	52,500
Statement 10 -  Description  COMMON STOCKS  TOTAL	Statement 10 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments           Beginning of Year         End of Year         Basis of Valuation           \$ 4,206,727         \$ 4,224,272         MARKET           \$ 4,206,727         \$ 4,224,272         MARKET	; Part II, Line 10k eginning of Year 4, 206, 727 4, 206, 727	• Corporate St End of Year \$ 4,224,272 \$ 4,224,272	Basis o Valuatio	restments Basis of Valuation MARKET	Fair Market  Value  \$ 4,224,27	air Market Value 4, 224, 272 4, 224, 272

Ş	
men	
esti	
<u>-</u>	
ent	
ipm	
Eau	
and	
Jq.	
ildin	
Bu	
and,	
Ļ	
7	
ine.	
Part	
Ψ	
990-P	
<b>E</b>	
For	
<del>_</del>	
<b>1</b> 1	
ner	
iten	
Sta	

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV	
	\$ 4,466,985	\$ 7,285,413	\$ 2,966,750	\$ 4,318	3,663
TOTAL	\$ 4,466,985	\$ 7,285,413	\$ 2,966,750	\$ 4,318	3,663

_
_
_
₫
5
$\overline{}$
_::
12:
$\overline{}$
16
_
$\equiv$
0
Ñ
જ
ェ
_
$\overline{}$
•

### 107280 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2015

# Federal Statements

Statement 12 - Form 990-PF, Part II, Line 13 - Other Investments

Fair Market Value	\$ 138,246	\$ 138,246
Basis of Valuation	MARKET	
End of Year	138,246	138,246
	ၯ	w
Beginning of Year	191,312	191,312
<b>"</b>	တ 	w W
Description	MONEY MARKET ACCOUNTS	TOTAL

Statement 13 - Form 990		)-PF, Part II, Line 14 - Land, Building, a	, and Equipment	
Description	Beginning	End	End Accumulated	Net
	Net Book	Cost / Basis	Depreciation	FMV
BUILDINGS & EQUIPMENT	\$ 1,496	\$ 17,976	\$ 16,960	\$ 1,016
YMCA BUILDING	3,120,410	3,548,665	517,135	3,031,530
TOTAL	\$ 3,121,906	\$ 3,566,641	\$ 534,095	\$ 3,032,546

Federal Statements

54-0645217 FYE: 8/31/2015 1/13/2016 12:15 PM

### Statement 14 - Form 990-PF, Part II, Line 15 - Other Assets

Description		Beginning of Year		End of Year	Fair Market Value
KING TRUST NON-TRADE RECEIVABLES PREPAID EXPENSES DUE FROM SUBSIDIARY	\$	1,104,080 5,908 3,840 3,597	\$	1,127,899 1,767 3,744	\$ 1,127,899 1,767 3,744
LOAN ORIGINATION COSTS NET OF AMORT	_	14,393	_	9,595	 9,595
TOTAL	\$_	1,131,818	\$	1,143,005	\$ 1,143,005

### Statement 15 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	<del>[</del>	Beginning of Year	 End of Year
INVESTMENT IN SUBSIDIARY	\$	650,332	\$ 524,675
TOTAL	\$	650,332	\$ 524,675

### Statement 16 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
TAXABLE INCOME NOT RECORDED ON BOOKS UNREALIZED LOSSES	\$ 398 311,479
TOTAL	\$ 311,877

107280 Greensville Memorial Foundation 54-0645217 FYE: 8/31/2015	Federal S	Federal Statements	S	1/	1/13/2016 12:15 PM
Statement 17 - Form 990-PF,	Pa	ine 1 - List of Etc.	rt VIII, Line 1 - List of Officers, Directors, Trustees,	s, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MICHAEL S. ANDERSON, MD PO BOX 1015 EMPORIA VA 23847	CHAIRMAN	2.00	0	0	0
FRANK E. KIENTZ PO BOX 1015 EMPORIA VA 23847	TREASURER	2.00	0	0 .	0
ANGELA B. WILSON, MD PO BOX 1015 EMPORIA VA 23847	SECRETARY	2.00	0	0	0
ROBERT GRIZZARD, JR. PO BOX 1015 EMPORIA VA 23847	VICE-CHAIRMA	2.00	0	0	0
BRIAN K. ROBERTS PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
THEOPOLIS GILLIAM, MD PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
TOM GRENELL PO BOX 1015 EMPORIA VA 23847	MEMBER	2.00	0	0	0
JILL SLATE PO BOX 1015 EMPORIA VA 23847	EXEC DIRECT	40.00	38,216	0	0
	·				17

ı L

54-0645217

### **Federal Statements**

FYE: 8/31/2015

1/13/2016 12:15 PM

### Statement 18 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

### Description

THE APPLICATION MUST INCLUDE A BRIEF OVERVIEW OF THE ORGANIZATION AND THE PROPOSED PROJECT. ALSO INCLUDED IS AN INTRODUCTION, PROBLEM STATEMENT, FUTURE FUNDING, GOALS, BUDGET AND EVALUATION.

### Statement 19 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

### Description

AUGUST 1 FOR THE FALL GRANT CYCLE AND FEBRUARY 1 FOR THE SPRING GRANT CYCLE.

### Statement 20 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

### Description

AWARDS ARE RESTRICTED TO AREAS SERVICED BY THE GREENSVILLE MEMORIAL HOSPITAL AND ARE LIMITED TO A ONE-YEAR PERIOD.

# Federal Statements

54-0645217 FYE: 8/31/2015

Statement 21 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Address		
Address	Relationship Status	Purpose	Amount
YMCA - EMPORIA	212 WEAVER AVENUE		
EMPORIA VA 23847	PUBLIC	RENT SUPPORT	33, 333
GREENS CNTY HEALTH DEPT	140 URIAH BRANCH WAY		
EMPORIA VA 23847	PUBLIC	MAMMOGRAPHY PROJECT	5,236
CENTRAL LIFESAVING AND RESCUE SQUAD	5736 GASBUF		
GASBURG VA 23857	PUBLIC	CARDIAC MONITOR	29,976
CYC LIMITED	800 HALIFAX STREET		
EMPORIA VA 23847		PROGRAM SUPPORT	860'8
AMERICAN HEART ASSOCIATION	4217 PARK PL COURT		
GLEN ALLEN VA 23060	PUBLIC	PROGRAM SUPPORT	14,396
6TH CSU FAMILY VIOLENCE	420 SOUTH MAIN STREET		
EMPORIA VA 23847	PUBLIC	COUNSELING	12,831
YMCA - EMPORIA	212 WEAVER AVENUE	-	
EMPORIA VA 23847	PUBLIC	RENT SUPPORT	83,333
YMCA - EMPORIA	212 WEAVER AVENUE		-
EMPORIA VA 23847	PUBLIC	RENT SUPPORT	66, 667
CYC LIMITED	800 HALIFAX STREET		
EMPORIA VA 23847		REPAIRS	4,560
BRUNSWICK-MAYFIELD RECREATION CTR.	PO BOX 711		
LAWRENCEVILLE VA 23868	PUBLIC	SWIMMING POOL REPAIRS	22,895
HOSPITAL HOSPITALITY HOUSE	612 E. MARSHALL STREET		
RICHMOND VA 23219		FAMILY ASSISTANCE PROGRAM	10,000
YMCA - EMPORIA	212 WEAVER AVENUE		
EMPORIA VA 23847	PUBLIC	EQUIPMENT	7,657
SOUTHSIDE VA COMMUNITY COLLEGE	109 CAMPUS DRIVE		•
ALBERTA VA 23821	PUBLIC	EMS EQUIPMENT	30,000
CITY OF EMPORIA	201 SOUTH MAIN STREET		
EMPORIA VA 23847	PUBLIC	AEDS	2,900
SUSSEX VOLUNTEER FIRE DEPARTMENT	20169 PRINCETON ROAD		
STONY CREEK VA 23882	PUBLIC	EQUIPMENT	3,123

_
血
S
$\overline{}$
Ċ
$\overline{}$
ဖ
9
$\overline{}$
5
Ö
/201
/201
5
/201
/201

### Federal Statements

54-0645217 FYE: 8/31/2015

Statement 21 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	335,005
	Purpose	
Address	Status	
A	Relationship	
Name	Address	TOTAL

# Statement 22 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt

Name	1	Address		
Address	Relationship	Status	Purpose	Amount
6TH CSU FAMILY VIOLENCE	420 SOUTH	MAIN STREET		
EMPORIA VA 23847		PUBLIC	COUNSELING	7,169
YMCA - EMPORIA	212 WEAVER AVENUE	AVENUE		-
EMPORIA VA 23847		PUBLIC	RENT SUPPORT	33, 333
YMCA - EMPORIA	212 WEAVER AVENUE	AVENUE		•
EMPORIA VA 23847		PUBLIC	EQUIPMENT	88,339
BRUNSWICK-MAYFIELD RECREATION CTR.	PO BOX 711			•
LAWRENCEVILLE VA 23868		PUBLIC	SWIMMING POOL REPAIRS	2,545
JARRATT VOLUNTEER FIRE DEPARTMENT	416 JARRATT AVENUE	T AVENUE		•
JARRATT VA 23867		PUBLIC	RESCUE TRUCK	80,000
SUSSEX VOLUNTEER FIRE DEPARTMENT	20169 PRIN	PRINCETON ROAD		•
STONY CREEK VA 23882		PUBLIC	EQUIPMENT	8,071
TOTAL				219,457