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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.

, 2015, and ending For calendar year 2015 or tax year beginning Name of foundation A Employer identification number 31-0979390 HUNTINGTON CLINICAL FOUNDATION, INC., C/O JAMES H MORGAN, JR. Number and street (or P O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 304-523-6120 **POST OFFICE BOX 117** City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ **HUNTINGTON, WV 25706-0117** Initial return of a former public charity G Check all that apply: Initial return D 1. Foreign organizations, check here . . . ▶ □ ☐ Final return ☐ Amended return Foreign organizations meeting the 85% test. ☐ Address change Name change check here and attach computation . E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method: 🗹 Cash 🗌 Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ☐ Other (specify) line 16) ▶ \$ 388,989.66 (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) income income books the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc , received (attach schedule) 61,321 26 2 Check ► ☐ If the foundation is **not** required to attach Sch. B 0 00 0 00 0.00 3 Interest on savings and temporary cash investments 9,889 34 9.889 34 0.00 Dividends and interest from securities . . 0.00 0.00 0.00 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 317 15 Gross sales price for all assets on line 6a 317.15 7 Capital gain net income (from Part IV, line 2) . . 31 00 Net short-term capital gain 0 00 Income modifications 9 Gross sales less returns and allowances Less: Cost of goods sold . . . 0.00 <u>^</u>0:0`0 0 00 Gross profit or (loss) (attach schedule) . . . 0 00 olido 0 00 11 Other income (attach schedule) . . . (3)71,527,75 & 4 4 4 10,206 49 31 00 12 Total. Add lines 1 through 11 . 0 00 .o.'oõ 0 00 0 00 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses ~0·00\=\\\ o ool 0 00 0 00 14 Other employee salaries and wages <u>~0</u>0:00 0 00 0 00 0.00 15 Pension plans, employee benefits . . . 300 00 0 00 0.00 300.00 Legal fees (attach schedule) 0 00 റ ററ 0.00 Accounting fees (attach schedule) . . . 0 00 0 00 Other professional fees (attach schedule) . . . 0 00 0 00 0.00 0 00 17 0 00 0.00 0 00 223 95 0.00 0.00 223 95 18 Taxes (attach schedule) (see instructions) . . . 0 00 0.00 0.00 19 Depreciation (attach schedule) and depletion . 0 00 0.00 0.000 00 20 3,233 84 0.00 0 00 3,233.84 21 Travel, conferences, and meetings 0 00 0 00 0.00 0.00 Printing and publications 969 14 0 00 0 00 969.14 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 4,726 93 0.00 0.00 4,726 93 52,000 00 52,000.00 25 Contributions, gifts, grants paid 56,726 93 Total expenses and disbursements. Add lines 24 and 25 0.00 0 00 56,726 93 26 Subtract line 26 from line 12. 14.800 82 Excess of revenue over expenses and disbursements 10,206 49 **Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) . 31 00

Form **990-PF** (2015)

Part II		Attached schedules and amounts in the description column	Beginning of year	End of	f year	
F 6		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	17,750 64	22,439.97	22,439.97	
	2	Savings and temporary cash investments	71,298 16	96,842 41	96,842.41	
	3	Accounts receivable ▶ 0.00	~ 1 **			
		Less: allowance for doubtful accounts ▶ 0 00	0 00	0 00	0.00	
	4	Pledges receivable ► 0 00				
		Less: allowance for doubtful accounts ▶ 0 00	0 00	0.00	0.00	
	5	Grants receivable	0 00	0.00	0.00	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)	0 00	0.00	0.00	
	7	Other notes and loans receivable (attach schedule) ▶ 0.00				
		Less: allowance for doubtful accounts ▶ 0 00	0 00	0 00	0 00	
ţ	8	Inventories for sale or use	0 00	0 00	0.00	
Assets	9	Prepaid expenses and deferred charges	0 00	0 00	0 00	
ğ	10a	Investments—U.S. and state government obligations (attach schedule)	161,195 94	126,655.58	124,914 03	
	ь	Investments - corporate stock (attach schedule)	78,907 44	98,833.48	144,793 25	
	С	Investments—corporate bonds (attach schedule)	0 00	0 00	0 00	
	11	Investments—land, buildings, and equipment: basis ▶ 0.00				
		Less: accumulated depreciation (attach schedule) ▶ 0.00	0 00	0 00	0 00	
	12	Investments—mortgage loans	0 00	0 00	0.00	
	13	Investments—other (attach schedule)	0 00	0 00	0 00	
	14	Land, buildings, and equipment basis ▶ 0 00				
		Less: accumulated depreciation (attach schedule) ▶ 0 00	0 00	0 00	0.00	
	15	Other assets (describe ► 0 00)	0 00	0.00	000	
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	329,152 18	344,771 44	388,989.66	
	17	Accounts payable and accrued expenses	0 00	0 00		
Š	18	Grants payable	0 00	0 00		
≝	19	Deferred revenue	0 00	0.00		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0 00	0.00		
2.	21	Mortgages and other notes payable (attach schedule)	0 00	0 00		
	22	Other liabilities (describe ► 0 00)	0 00	0 00		
	23	Total liabilities (add lines 17 through 22)	0 00	0 00		
S		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
Balances	04	•	0 00	0.00		
<u> </u>	24	Unrestricted	0 00	0.00		
8	25 26	Temporarily restricted	0 00	0.00		
5	20	<u> </u>				
Net Assets or Fun		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0 00	0 00	ļ	
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0 00	0.00		
Se	29	Retained earnings, accumulated income, endowment, or other funds	0 00	0 00		
As	30	Total net assets or fund balances (see instructions)	329,152 18	344,771 44		
<u>e</u> t	31	Total liabilities and net assets/fund balances (see				
Z		instructions)	329,152 18	344,771 44		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
_	Tota	al net assets or fund balances at beginning of year-Part II, colu				
	end-	-of-year figure reported on prior year's return)		· · · <u>1</u>	329,152.18	
2		er amount from Part I, line 27a		2_	14,800.82	
3	3 Othe	er increases not included in line 2 (itemize) > 818.44 (Unknown bo	ok market valuation)	3	818 44	
4		lines 1, 2, and 3			344,771.44	
5	Dec	reases not included in line 2 (itemize) ▶ 0 00		5	0 00	
_6	Tot <u>a</u>	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), line 3	<u> </u>	344,771 44	

Part	IV Capital Gains and	Losses for Tax on Investmen	nt Income			<u> </u>
		e kind(s) of property sold (e.g., real estate, se; or common stock, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquir (mo., day, yr.	
1a	See Attached Schedule.			Р		
ь						
c						
<u>d</u>						
<u>е</u>				<u> </u>		
	(e) Gross sales price (f) Depreciation allowed (or allowable)			other basis nse of sale		i) Gain or (loss) plus (f) minus (g)
<u>a</u>		0.00				- <u>-</u>
<u> </u>						
						· · · · · · · · · · · · · · · · · · ·
<u>d</u>						
e	Complete only for assets sho	wing gain in column (h) and owned by	the foundation	on 12/31/69	(I) Garage	s (Col. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) . (j), if any	col. (k), b	ut not less than -0-) or ses (from col. (h))
——	0.00	0 00		0 00		0 00
_ <u>-</u>					-	
С						
d						
е					···	
2	Capital gain net income of		o enter in Pa nter -0- in Pai		2	317.15
3	If gain, also enter in Part	n or (loss) as defined in sections 12 I, line 8, column (c) (see instruction of the column in the co	ons). If (loss)	, enter -0- ın)		74.00
Part		er Section 4940(e) for Reduce			3 Income	31 00
Was t		e this part blank. section 4942 tax on the distributab qualify under section 4940(e). Do i			pase period?	☐ Yes ☐ No
1	Enter the appropriate amo	ount in each column for each year;	see the instru	uctions before ma	aking any entr	ies.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as	ssets (co	(d) Distribution ratio I. (b) divided by col (c))
	2014	78,445	33	360,1	89 37	0 21779
	2013	70,002	27	342,2	18.52	0 20455
	2012	73,997		333,3		0 22199
	2011	87,283		329,6		0 26479
	2010	101,634	79	337,1	51 33	0 30145
2	Total of line 1, column (d)				. 2	1 21057
3		for the 5-year base period—divide dation has been in existence if less				0 24211
4	Enter the net value of non	charitable-use assets for 2015 from	n Part X, line	5	. 4	374,142 74
5	Multiply line 4 by line 3				. 5	90,583.70
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	102 06
7	Add lines 5 and 6				. 7	90,685 76
8		ons from Part XII, line 4			. 8	56,726 93
	If line 8 is equal to or great Part VI instructions.	ater than line 7, check the box in P	art VI, line 1b	o, and complete t	nat part using	a 1% tax rate. See the

Part \		nstru	ıctio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	p.c.	2 E e	*#/				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		204	13				
	here ▶ ☐ and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	00				
3	Add lines 1 and 2		204.	13				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.		00				
5								
6	Credits/Payments:							
а								
b	Exempt foreign organizations—tax withheld at source 6b 0 00							
С	Tax paid with application for extension of time to file (Form 8868) . 6c 243 84							
d	Backup withholding erroneously withheld							
7	Total credits and payments. Add lines 6a through 6d		243	84				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		0	00				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	00				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 39.71 Refunded ▶ 11		39	71				
11			0.	00				
Part 1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No				
14	participate or intervene in any political campaign?	1a	. 03	- 				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			<u> </u>				
-	Instructions for the definition)?	1b						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?	1c		~				
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. ▶ \$							
е	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		~				
	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		~				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		~				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~				
	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? 		<u></u>					
-	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	6 7	~					
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	,						
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	~					
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		~				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	names and addresses	10	}					
		rm 99	0-PF	(2015)				

			Yes	No		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		,		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		,		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13		V		
14	The books are in care of ▶ JAMES H MORGAN, JR. Telephone no. ▶	04-523 25701-!				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year					
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authori	ty	Yes	No		
	over a bank, securities, or other financial account in a foreign country?	16_		-		
	the foreign country					
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T		
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):		Yes	No		
Ia	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?					
	 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?					
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)					
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b				
	Organizations relying on a current notice regarding disaster assistance check here					
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		~		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?		;			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b				
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?					
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)					
_	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b				
		orm 99	0-PF			

Part	VIES Statements Regarding Activities	for W	/hich Form	4/20	мау ве н	equire	ed (continu	iea)		
5a	During the year did the foundation pay or incur a	-								
	(1) Carry on propaganda, or otherwise attempt to							✓ No		
	(2) Influence the outcome of any specific public		on (see sect	on 495	5); or to ca	arry on,				
	directly or indirectly, any voter registration dr						☐ Yes [🗹 No		
	(3) Provide a grant to an individual for travel, stu							☑ No		
	(4) Provide a grant to an organization other than						'	_		
	section 4945(d)(4)(A)? (see instructions)							⊻ No		
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the prevention of cruelty the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the crue the prevention of cruelty the crue							☑ No		
b	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions describe Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?							ed in	5b	
	Organizations relying on a current notice regarding	_	-					▶ 🗆		
С	If the answer is "Yes" to question 5a(4), does t									
	because it maintained expenditure responsibility							□ No		
	If "Yes," attach the statement required by Regula	tions s	ection 53.49	45–5(d).						
6a	Did the foundation, during the year, receive any					miums	}			
	on a personal benefit contract?						☐ Yes [☑ No		
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a personal	benefit	t contract?		6b	~
	If "Yes" to 6b, file Form 8870.									
	At any time during the tax year, was the foundation a							☑ No		
	If "Yes," did the foundation receive any proceeds								7b	
Par	VIII Information About Officers, Direct	tors, 1	Trustees, F	ounda	tion Mana	igers,	Highly Pa	id E	mployees	,
	and Contractors									
	List all officers, directors, trustees, foundation									
	(a) Name and address	hou	e, and average rs per week	i (lfr	mpensation not paid,	emplo	Contributions to byee benefit pla	ans	(e) Expense a other allows	
<u>C 0</u>	Marchael Calcadula	devot	ed to position	ion enter -0-)		and defe	erred compens	ation		
See A	ttached Schedule.				0 00					
								}		
										
				1						
2	Compensation of five highest-paid employed	s (oth	er than tho	se incl	uded on li	ne 1—:	see instruc	ctions	s). If none.	enter
	"NONE."								,	
			(b) Title, and a				(d) Contribution	ons to		_
	(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	sation	employee be		(e) Expense a other allows	
			devoted to p	osition			compensat			
N/A - I	No Paid Employees					0 00				
						0 00				
			1		}					
										_
					ļ					
			[,			
			<u> </u>		L					
Total	number of other employees paid over \$50,000.	<u> </u>	<u> </u>	<u>· · ·</u>	· · · ·	<u> </u>	<u></u>	P		
								F	orm 990-P	(2015)

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	1. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensate
one		
_		
ta	number of others receiving over \$50,000 for professional services	
aı	t IX-A Summary of Direct Charitable Activities	
Li	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Evanges
	panizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
4		
aı	t IX-B Summary of Program-Related Investments (see instructions)	
D	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	N/A	
2		
A	other program-related investments. See instructions.	
3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign tound	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 - 12	
	purposes:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
а	Average monthly fair market value of securities	1a	362,935 73
b	Average of monthly cash balances	1b	16,904 62
C	Fair market value of all other assets (see instructions)	1c	0.00
d	Total (add lines 1a, b, and c)	1d	379,840 35
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	164	
2	Acquisition indebtedness applicable to line 1 assets	2	0 00
3	Subtract line 2 from line 1d	3	379,840 35
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	5, 697 61
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	374,142 74
6	Minimum investment return. Enter 5% of line 5	6	18,707 14
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ▶ ☐ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	18,707 14
2a	Tax on investment income for 2015 from Part VI, line 5	<u> </u>	
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b 0 00		
c	Add lines 2a and 2b	2c	204.13
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	18,503.01
4	Recoveries of amounts treated as qualifying distributions	4	0.00
5	Add lines 3 and 4	5	18,503.01
6	Deduction from distributable amount (see instructions)	6	0 00
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	18,503 01
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	56,726.93
b	Program-related investments—total from Part IX-B	1b	0 00
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0 00
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0 00
ь	Cash distribution test (attach the required schedule)	3b	0.00
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,726.93
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0.00
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,726.93
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whethe	r the foundation
			990 DE /0015

Part	XIII Undistributed Income (see instructio	ns)			
1	Distributable amount for 2015 fr	om Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
	line 7	[18,503 01
2	Undistributed income, if any, as of the	end of 2015				
а	Enter amount for 2014 only				0 00	·
b	Total for prior years: 20,20	,20		0 00		_
3	Excess distributions carryover, if a	ny, to 2015:				
а	From 2010	84,970 09				
b	From 2011	70,990.77				
C	From 2012	57,576.41				
d	From 2013	53,117 10				
е	From 2014	60,679.70				,
f			327,334.07			·
4	Qualifying distributions for 2015 fi	rom Part XII,				
	line 4: ► \$ 56,726 93					
	Applied to 2014, but not more than				0 00	
b	Applied to undistributed income of					
	(Election required—see instruction	· .		0 00		
C	Treated as distributions out of corp	,				
	required—see instructions)		0.00			
ď	Applied to 2015 distributable amou	unt [18,503 01
е	Remaining amount distributed out	of corpus	38,223 92			
5	Excess distributions carryover app		0.00			0.00
	(If an amount appears in column (amount must be shown in column					
6	Enter the net total of each indicated below:	column as				
а	Corpus. Add lines 3f, 4c, and 4e. Su	ubtract line 5	365,557 99	į		
b	Prior years' undistributed incom					
	line 4b from line 2b			0 00		
С	Enter the amount of prior years' u	undistributed				
	income for which a notice of de					
	been issued, or on which the sec	tion 4942(a)				
	tax has been previously assessed			0 00		
d	Subtract line 6c from line 6	6b. Taxable				
	amount-see instructions			0 00		
е	Undistributed income for 2014. S	Subtract line				
	4a from line 2a. Taxable a	mount-see			}	
	instructions	[0 00	
f	Undistributed income for 2015. S					
	4d and 5 from line 1. This amou					
	distributed in 2016					0 00
7	Amounts treated as distributions of					
	to satisfy requirements imposed				İ	
	170(b)(1)(F) or 4942(g)(3) (Election					
	required—see instructions)		0 00			
8	Excess distributions carryover from					
	applied on line 5 or line 7 (see inst		84,970 09			
9	Excess distributions carryove					
	Subtract lines 7 and 8 from line 6a		280,587.90			
10	Analysis of line 9:		1			1
а	Excess from 2011	70,990 77	ļ		İ	
b	Excess from 2012	57,576 41				
C	Excess from 2013	53,117.10	1		1	
d	Excess from 2014	60,679_70				
е	Excess from 2015	38,223 92				

	10-PF (2015)					Page 10
Part					9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		_			
b	Check box to indicate whether the foun		operating foundar		ection <u>4942(j)(3</u>	3) or 🔲 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed				ļ	
b	85% of line 2a				ļ <u> </u>	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities			1		
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			_		
С	"Support" alternative test-enter:			_		
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	Supplementary Information any time during the year—			he foundation h	nad \$5,000 or mo	re in assets at
1	Information Regarding Foundation I					
а	List any managers of the foundation vibefore the close of any tax year (but o					by the foundation
None.						
b	List any managers of the foundation ownership of a partnership or other er			•		ge portion of the
None.			_			
2	Information Regarding Contribution					
	Check here ▶ ☐ If the foundation					
	unsolicited requests for funds. If the f		girts, grants, etc.	(see instructions)	to individuals or org	janizations under
	other conditions, complete items 2a, b					1.1
а	The name, address, and telephone nu	mber or e-mail a	daress of the pers	on to whom applic	cations should be ac	aressea:
No pa	rticular ındivıdual designated					
b	The form in which applications should	be submitted an	d information and	materials they sho	ould include:	
Applic	ant must submit budget or breakdown of	amount required	A description of p	roject is also requii	red	
C None	Any submission deadlines:					
	Any restrictions or limitations on aw factors:	vards, such as b	y geographical a	reas, charitable fi	ields, kınds of insti	tutions, or other
Award	Is to be used for study, research, and trea	itment of human d	isease			

Par	Supplementary Information (cont	inued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
				!	
See A	Attached Schedule				52,000 0
				'	
		İ			
			İ		
					i
				,	
					i
	Total	<u> </u>		▶ 3 a	52,000 00
b	Approved for future payment		T		
			ĺ		
N/A					
			ļ	}	
		1			
]]	
			1	}	
	Total			> 2b	

	Analysis of Income-i				le didadka asaka	- E10 E10 - E14	
Ente	r gross amounts unless otherwise ind		(a) Susiness code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Program service revenue:						
	a				 		
	b				-		
	С				<u> </u>		
	d						
	е						
	f						
	g Fees and contracts from government	ment agencies 📙					
2	Membership dues and assessments					<u> </u>	
3	Interest on savings and temporary cas	h investments				. <u>.</u>	
4	Dividends and interest from securitie	s			14	9,889 34	
5	Net rental income or (loss) from real	estate:					
	a Debt-financed property	[
	b Not debt-financed property .	_					
6	Net rental income or (loss) from pers						
7		· · · ·				317 15	
8	Gain or (loss) from sales of assets other						-
9	Net income or (loss) from special eve		-				
10							
	Other revenue: a			<u>-</u>	· · · · · · · · · · · · · · · · · · ·		
•••	<u> </u>						
		_	-		 		
	c						
40	Subtotal. Add columns (b), (d), and (<u></u> }				10,206 49	
12	Total. Add line 12, columns (b), (d), and (13	10,206 49
	e worksheet in line 13 instructions to v						10,200 17
•				ent of Exemp	ot Purposes		
Pa	rt XVI-B Relationship of Activ	vities to the Ac	complishm			A contributed in	mortantly to the
Pa Lin	rt XVI-B Relationship of Activ	vities to the Ac	complishm			A contributed in oses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in oses). (See instruc	mportantly to the trions.)
Pa Lin	rt XVI-B Relationship of Activ	vities to the Ac	complishm			A contributed in sees). (See instruc	mportantly to the trions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the tions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the tions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the tions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in oses). (See instruc	mportantly to the stions.)
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Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed in ses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed inses). (See instruc	mportantly to the titions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed inses). (See instruc	mportantly to the
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed inses). (See instruc	mportantly to the tions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm			A contributed inses). (See instruc	mportantly to the tions.)
Pa Lin	Relationship of Active No. Explain below how each accomplishment of the foundation	vities to the Ac	complishm				mportantly to the titions.)

		Exempt Or	ganizations				_			_	
1	ın sed			engage in any of the section 501(c)(3) orga						Yes	No
а	Trans	fers from the rep	_	a noncharitable exe	mpt organiz	ation of:			10(1)	e Car	
	• •	asn ther assets .					• • • •		1a(1) 1a(2)	_	1
		r transactions:					• • • •	• • •	14(2)	y.	\$ 3226
Ь			a nonaharitahla aya	empt organization .					1b(1)	k. (3°)	######################################
				able exempt organiza			• • • •		1b(1)		<u> </u>
				er assets				• • •	1b(2)		~
							• • • •		1b(3)		~
			•				• • • •		1b(4)		~
		=					• • • •		1b(6)		~
С				sts, other assets, or p					1c		~
d				s," complete the follo						fair m	
u				ces given by the repo							
				ement, show in colum							
(a) Lin		b) Amount involved		nantable exempt organization			transfers, transac				
``						<u> </u>	 _			<u> </u>	
									-		
											
					_						
			-								
											-
			<u> </u>								
				<u></u>							
2a b	desci	ribed in section 5 es," complete the	501(c) of the Code (c e following schedule		I(c)(3)) or in		?	· · · [] Yes	V	No
		(a) Name of organ	nization	(b) Type of org	anization		(c) Descrip	otion of relation	nship		
											
	-					 					
	Linda	or penalties of penuiny I	declare that I have examine	ed this return, including accor	nnanving schedi	iles and stateme	nts, and to the best	of my knowled	lae and t	oliof it	IS TO 10
Sign Here	corre		laration of preparer (other th	an taxpayer) is based on all in	formation of whi			May the If with the p	RS discus	ss this	return below
	- 	Print/Type preparer		Prepararie signature	10.0	1 Date	1 1	F	אודי		
Paid		STEPHEN J GOI		HT DIADA	WAN	da 8		eck if · f-employed		48515	51
Prep			JENKINS FENSTERN	MAKER, PLLC		, , ,	Firm's Ell		55-0483		
Use	Unly			688, HUNTINGTON, W	V 25726-268		Phone no		4-523-2		
		1 . ani a doorega P		,					rm 99 0	_	(2015)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

31-0979390

Department of the Treasury Internal Revenue Service

Name of the organization

HUNTINGTON CLINICAL FOUNDATION, INC C/O JAMES H MORGAN, JR

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number**

Organiz	zation type (check or	ie):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	501(c)() (enter number) organization	
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		☐ 527 political organization	
Form 99	90-PF		
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	only a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
Genera	l Rule		
V	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.	
Special	Rules		
	regulations under se	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line I that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
	contributor, dunng t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
	contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions nore during the year	

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HUNTINGTON CLINICAL FOUNDATION, INC. C/O JAMES H. MORGAN, JR.

Employer identification number

31-0979390 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. \mathbf{V} 1 **RUFUS SWITZER TRUST** Person Payroll Noncash 30,389.30 C/O JP MORGAN CHASE BANK, NA, TRUSTEE \$ (Complete Part II for 1000 FIFTH AVENUE, HUNTINGTON, WV noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **RUFUS SWITZER TRUST** \square 2 Person Payroll C/O CITY NATIONAL BANK, TRUSTEE \$ 30,931.96 Noncash (Complete Part II for 1900 3RD AVENUE, HUNTINGTON, WV noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Ño. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Name of organization
HUNTINGTON CLINICAL FOUNDATION, INC. C/O JAMES H. MORGAN, JR.

Employer identification number 31-0979390

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or	ganization ON CLINICAL FOUNDATION, INC. C/O JAM	ES H. MORGAN. JR.	Employer identification number 31-0979390					
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for	c., contributions to organization the year from any one contributions completing Part III, enter the year. (Enter this information or	ons described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc.,					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
from Part i	(b) r dipose oi giit	(0) 000 01 g	(c) Decemple of the second					
		(e) Transfer of gift						
_	Transferee's name, address, at	nd ZIP + 4 R	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
-	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
,								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F	(e) Transfer of gift							
_	Transferee's name, address, a	nd ZIP + 4 R	elationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
<u> </u>	Transferee's name, address, a	na ∠IP + 4 F	elationship of transferor to transferee					

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 IRS FORM 990-PF

PART I, LINE 16a

Legal fees	\$	300.00
PART I, LINE 18		
Tax paid with 2013 IRS Form 8868	\$	223.95
PART I, LINE 23		
OTHER EXPENSES		
Bank Maintenance Fee	\$	95.00
Postage	\$	65.12
Insurance	\$	666.00
Office Supplies	\$	118.02
State Registration Fees	<u>\$_</u>	25.00
TOTAL	\$	969.14

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 IRS FORM 990-PF

PART II, LINE 10a

10a.	Investment	Book Value ginning of Year	Book Value End of Year	r Market Value End of Year
	Morgan Stanley Smith Barney Account No. 808-114506-004	\$ 161,195.94	\$ 126,655.58	\$ 124,914.03

PART II, LINE 10b

10b.	Investment	Book Value ginning of Year	Book Value End of Yea r	r Market Value End of Year
	Morgan Stanley Smith Barney Account			
	No. 808-114506-004	\$ 78,907.44	\$ 98,833.48	\$ 144,793.25

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 FORM 990-PF

	How	Date	Date		Gross	Depreciation	tion	Cost/Basis	Gain (Loss)
Property Sold	Acquired	Acquired	Sold		Sales Price	Allowed	Ned		
FHR 3975 HE	a	12/27/11	01/15/15	↔	567.91	\$	٠	570.75 \$	(2.84)
FNMA 13-121 MB	۵	11/21/13	01/25/15	❖	183.39	\$	٠	182.01 \$	1.38
FNR 2012-134 HE	۵	11/16/12	01/25/15	❖	847.71	\$	\$	847.71 \$	•
FNR 2013-17 WP	۵	04/02/13	01/25/15	\$	851.92	\$	\$ -	849.07 \$	2.85
FNR 2013-86 LK MT	۵	08/27/13	01/25/15	\$	1,002.74	\$	٠	997.73 \$	5.01
GNR 2011-93 WL	۵	07/08/11	01/20/15	❖	366.03	\$	٠	366.95 \$	(0.92)
GNR 2013-103 CA	۵	07/05/13	01/20/15	₩.	235.10	\$	⊹	230.99 \$	4.11
FHR 3960 ND	۵	10/31/11	02/15/15	❖	290.73	\$	\$ -	294.36 \$	(3.63)
FHR 4077 HA	۵	08/03/12	02/15/15	\$	322.80	\$	٠ •	322.80 \$	ı
FNMA 13-121 MB	۵	11/21/13	02/25/15	\$	192.76	\$	٠	191.31 \$	1.45
FNR 2013-86 LK MT	۵	08/27/13	02/25/15	❖	2,108.78	\$.	2,098.24 \$	10.54
GNR 2011-93 WL	۵	07/08/11	02/20/15	\$	327.80	\$	٠ -	328.62 \$	(0.82)
GNR 2013-103 CA	۵	07/05/13	02/20/15	\$	229.65	\$	٠ ,	225.63 \$	4.02
FHR 3960 ND	a .	10/31/11	03/15/15	\$	1,500.07	\$	٠ -	1,518.82 \$	(18.75)
FHR 3975 HE	۵	12/27/11	03/15/15	\$	541.52	\$	٠٠	544.23 \$	(2.71)
FHR 4077 HA	۵	08/03/12	03/15/15	\$	445.03	\$	٠ •	445.03 \$	•
FNMA 13-121 MB	۵	11/21/13	03/25/15	❖	201.88	\$	٠,	200.37 \$	1.51
FNR 2013-17 WP	۵.	04/02/13	03/25/15	❖	364.58	\$	٠,	363.36 \$	1.22
FNR 2013-86 LK MT	۵	08/27/13	03/25/15	❖	304.85	\$	٠	303.33 \$	1.52
GNR 2013-103 CA	۵	07/05/13	03/20/15	↔	224.29	₩.	٠,	220.36 \$	3.93
FHR 3960 ND	۵	10/31/11	04/15/15	❖	337.32	\$	٠,	341.54 \$	(4.22)
FHR 3975 HE	۵	12/27/11	04/15/15	❖	211.54	\$	۰,	212.60 \$	(1.06)
FHR 4077 HA	۵	08/03/12	04/15/15	❖	1,025.22	₹	٠,	1,025.22 \$	•
FNMA 13-121 MB	۵	11/21/13	04/25/15	❖	210.74	₩	٠,	209.16 \$	1.58
FNR 2013-17 WP	۵	04/02/13	04/25/15	❖	367.52	\$	۰	366.29 \$	1.23
FNR 2013-86 LK MT	۵	08/27/13	04/25/15	\$	307.14	\$	٠	305.60 \$	1.54
GNR 2011-93 WL	۵	07/08/11	04/20/15	❖	1,339.53	\$	٠,	1,342.88 \$	(3.35)
GNR 2013-103 CA	۵	07/05/13	04/20/15	❖	219.00	\$,	215.17 \$	3.83
FFCB	۵	08/26/14	04/14/15	\$	10,000.00	\$	۰,	\$ 00.696,6	31.00
FHR 3960 ND	۵	10/31/11	05/15/15	\$	330.55	\$,	334.68 \$	(4.13)
FHR 3975 HE	۵	12/27/11	05/15/15	❖	206.83	\$	·	207.86 \$	(1.03)

	How	Date	Date		Gross	Depreciation	tion	Cost/Basis	Gain (Loss	(Loss)
Property Sold	Acquired	Acquired	Sold		Sales Price	Allowed	ved			
FHR 4077 HA	۵	08/03/12	05/15/15	s	760.27	10.	·	760.27		
FHR 4120 WN	۵	04/24/13	05/15/15	\$	2,262.03	4۸	·	2,245.06		16.97
FNMA 13-121 MB	۵	11/21/13	05/25/15	\$	219.33	\$	·	217.69		1.64
FNR 2012-134 HE	۵	11/16/12	05/25/15	❖	93.38	•	٠,	93.38	40	•
FNR 2013-17 WP	۵	04/02/13	05/25/15	\$	13.77	\$	٠,	13.72	10	0.05
FNR 2013-86 LK MT	۵	08/27/13	05/25/15	❖	309.26	€.	۰,	307.71	10	1.55
GNR 2011-93 WL	۵	07/08/11	05/20/15	❖	1,388.11	٠,	٠,	1,391.58	40	(3.47)
GNR 2013-103 CA	۵	07/05/13	05/20/15	❖	213.79	\$,	210.05	40	3.74
FHR 3960 ND	۵	10/31/11	06/15/15	δ.	323.86	\$	۰,	327.91	40	(4.05)
FHR 3975 HE	۵	12/27/11	06/15/15	\$	202.17	•	,	203.18	10	(1.01)
FHR 4077 HA	۵	08/03/12	06/15/15	\$	965.67	\$,	965.67	10	•
FHR 4120 WN	۵	04/24/13	06/15/15	s	827.77	•	,	821.56	10	6.21
FNMA 13-121 MB	۵	11/21/13	06/25/15	\$	2,779.58	\$,	2,758.73	10	20.85
FNR 2012-134 HE	۵	11/16/12	06/25.15	s	1,241.28	\$,	1,241.28	10	ı
FNR 2013-17 WP	۵	04/02/13	06/25/15	\$	773.52	•	,	770.94	10	2.58
FNR 2013-86 LK MT	۵	08/27/13	06/25/15	\$	311.20	\$,	309.64	10	1.56
GNR 2011-93 WL	۵	07/08/11	06/20/15	δ.	586.93	\$,	588.40	10	(1.47)
GNR 2013-103 CA	۵	07/05/13	06/20/15	\$	208.66	•	,	205.01	10	3.65
FHR 3960 ND	۵	10/31/11	07/15/15	\$	317.25	\$,	321.22	10	(3.97)
FHR 3975 HE	۵	12/27/11	07/15/15	s	197.56	\$,	198.55	10	(0.99)
FHR 4077 HA	۵	08/03/12	07/15/15	\$	1,472.08	\$,	1,472.08	10	ı
FHR 4120 WN	۵	04/24/13	07/15/15	\$	2,260.36	\$,	2,243.41	10	16.95
FNMA 13-121 MB	۵	11/21/13	07/25/15	\$	3,622.63	∙\$,	3,595.46	10	27.17
FNR 2012-134 HE	۵	11/16/12	07/25/15	\$	679.57	•	,	679.57	10	ı
FNR 2013-17 WP	۵	04/02/13	07/25/15	\$	294.28	\$,	293.30	10	96.0
FNR 2013-86 LK MT	۵.	08/27/13	07/25/15	\$	312.98	₩.	,	311.42	10	1.56
GNR 2011-93 WL	۵.	07/08/11	07/20/15	\$	593.81	\$,	595.29	10	(1.48)
GNR 2013-103 CA	۵	07/05/13	07/20/15	\$	533.59	\$,	524.25	10	9.34
FHR 3960 ND	۵	10/31/11	08/15/15	❖	290.83	\$,	294.47	10	(3.64)
FHR 3975 HE	۵	12/27/11	08/15/15	\$	193.01	\$,	193.98	10	(0.97)
FHR 4077 HA	۵	08/03/12	08/15/15	\$	746.68	\$,	746.68	10	,
FHR 4120 WN	۵	04/24/13	08/15/15	❖	896.55	\$,	889.83	10	6.72
FNMA 13-121 MB	۵	11/21/13	08/25/15	\$	1,591.46	\$,	1,579.52	10	11.94

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 FORM 990-PF

	How	Date	Date		Gross	Depreciation	iation	Cost/Basis	sis	Gain (Loss)
Property Sold	Acquired	Acquired	Sold		Sales Price	W	Allowed			
FNR 2012-134 HE	۵	11/16/12	08/25/15	❖	82.21	\$,	\$ 82.21	21 \$	•
FNR 2013-17 WP	۵	04/02/13	08/25/15	\$	288.83	\$	1	\$ 287.87	37 \$	96.0
FNR 2013-86 LK MT	۵	08/27/13	08/25/15	\$	314.56	⋄		312.99	\$ 66	1.57
GNR 2013-103 CA	۵	07/05/13	08/20/15	⋄	1,211.90	\$	1	3 1,190.69	\$ 69	21.21
FHR 3960 ND	۵	10/31/11	09/15/15	\$	324.12	\$	1	328.17	\$ 11	(4.05)
FHR 3975 HE	۵	12/27/11	09/15/15	❖	188.51	\$	1	\$ 189.45	45 \$	(0.94)
FHR 4077 HA	۵	08/03/12	09/15/15	\$	24.27	\$,	\$ 24.27	\$ 22	•
FHR 4120 WN	۵	04/24/13	09/15/15	\$	403.99	\$,	\$ 400.96	\$ 96	3.03
FNMA 13-121 MB	۵	11/21/13	09/25/15	❖	710.61	\$	1	\$ 705.28	\$ 82	5.33
FNR 2012-134 HE	۵	11/16/12	09/25/15	❖	621.86	❖	1	\$ 621.86	\$ 98	•
FNR 2013-86 LK MT	۵	08/27/13	09/25/15	\$	315.96	❖	,	\$ 314.38	38 \$	1.58
GNR 2013-103 CA	۵	07/05/13	09/20/15	❖	1,711.24	\$	1	\$ 1,681.29	\$ 67	29.95
FHR 3960 ND	۵	10/31/11	10/15/15	❖	297.85	\$,	\$ 301.57	57 \$	(3.72)
FHR 3975 HE	۵	12/27/11	10/15/15	\$	184.06	\$	1	\$ 184.98	98 \$	(0.92)
FHR 4077 HA	۵	08/03/12	10/15/15	\$	815.88	❖	1	\$ 815.88	\$ 88	•
FHR 4120 WN	۵	04/24/13	10/15/15	\$	1,255.23	\$	1	\$ 1,245.82	82 \$	9.41
FHR 4161 JG	۵	01/31/13	10/15/15	δ.	219.46	\$	1	\$ 219.46	46 \$	1
FNMA 13-121 MB	۵	11/21/13	10/25/15	❖	3,499.31	\$	ı	\$ 3,473.07	\$ 20	26.24
GNR 2013-103 CA	۵	07/05/13	10/20/15	\$	1,366.99	\$	1	\$ 1,343.07	\$ 40	23.92
FHR 3960 ND	۵	10/31/11	11/15/15	\$	291.52	\$,	\$ 295.16	16 \$	(3.64)
FHR 3975 HE	۵	12/27/11	11/15/15	\$	179.67	\$	1	\$ 180.57	57 \$	(06.0)
FHR 4120 WN	۵	04/24/13	11/15/15	❖	642.02	\$	1	\$ 637.20	20 \$	4.82
FHR 4161 JG	۵	01/31/13	11/15/15	↔	177.75	\$	1	\$ 177.75	75 \$	1
FNMA 13-121 MB	۵	11/21/13	11/25/15	❖	343.88	\$	1	\$ 341.30	30 \$	2.58
FNR 2013-17 WP	۵	04/02/13	11/25/15	s	834.40	\$	•	\$ 831.61	61 \$	2.79
FNR 2013-86 LK MT	۵	08/27/13	11/25/15	\$	635.33	\$,	\$ 632.15	15 \$	3.18
GNR 2013-103 CA	۵	07/05/13	11/20/15	\$	1,323.73	\$	ı	\$ 1,300.56	ş 9 <u>5</u>	23.17
FHR 3975 HE	۵	12/27/11	12/15/15	⋄	175.33	\$	1	\$ 176.21	21 \$	(0.88)
FHR 4120 WN	۵	04/24/13	12/15/15	❖	673.36	\$	1	\$ 668.31	31 \$	5.05
FHR 4161 JG	۵	01/31/13	12/15/15	\$	631.38	\$	•	\$ 631.38	38 \$	•
FNR 2012-134 HE	۵	11/16/12	12/25/15	\$	455.43	\$	1	\$ 455.43	43 \$	ı
FNR 2013-86 LK MT	۵	08/27/13	12/25/15	❖	251.58	\$	ı	\$ 250.32	32 \$	1.26
GNR 2013-103 CA	۵	07/05/13	12/20/15	\$	1,170.11	\$	1	\$ 1,149.63	63 \$	20.48

Gain (Loss)		317.15
Cost/Basis		74,453.33 \$
Depreciation	Allowed	₩.
Gross	Sales Price	74,770.48
		\$
Date	Sold	
Date	Acquired	
How	Acquired	

Property Sold TOTAL:

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 IRS FORM 990-PF

PART VIII, LINE 1

DIRECTORS AND OFFICERS

Mr. Carroll Justice
2445 Third Avenue
Huntington, WV 25703
(304) 529-4135

Mr. James H. Morgan, Jr., Sec./Treas. 93 Copper Glen Drive Huntington, WV 25701 (304) 523-6120

Dr. Torin Walters 336 Woodland Drive Huntington, WV 25701 (304) 638-3377

Dr. Thomas F. Scott P. O. Box 3127 Huntington, WV 25702 (304) 637-7072

Mr. Henry M. Kayes Post Office Box 2688 Huntington, WV 25726 (304) 523-2100 Dr. S. Kenneth Wolfe 6000 Longwood Road Huntington, WV 25705 (304) 733-1621

Dr. Jack Steel Post Office Box 3127 Huntington, WV 25702

Mr. Richard E. Thompson 3615 Piedmont Rd Huntington, WV 25704 (304) 429-1311

Mr. Don Ray, President 100 N. Altamont Road Huntington, WV 25701 (304) 697-4780

Mr. Thomas E. Miller 7 Fairway Drive Huntington, WV 25705 (304) 633-3522 Mr. Staige Davis, Vice President 146 Ridgewood Road Huntington, WV 25701 (304) 544-5885

Mr. Earl W. Heiner, Jr. 16 Bradley Foster Drive E. Huntington, WV 25701 (304) 525-1882

Mr. Frank Norton Post Office Box 2085 Huntington, WV 25721 (304) 638-7445

Mr. James R. Bailes Suite 500 – St. James Bldg. Huntington, WV 25701 (304) 697-4700

Mr. Paul Jacobson 549 N. Inwood Road Huntington, WV 25705 (304) 634-5155

HUNTINGTON CLINICAL FOUNDATION, INC. 2015 AVERAGE VALUE CALCULATIONS FORM 990-PF, PART X-LINE 1b

Cash and Cash Equivalents

	Comm	unity Checking		<u>Total</u>
January	\$	17,750.64		\$ 17,750.64
February	\$	11,907.52		\$ 11,907.52
March	\$	26,830.84		\$ 26,830.84
April	\$	26,830.84	\$ -	\$ 26,830.84
May	\$ \$ \$ \$ \$ \$ \$	5,721.79	\$ -	\$ 5,721.79
June	\$	18,687.77	\$ -	\$ 18,687.77
July	\$	17,794.51	\$ -	\$ 17,794.51
August	\$	17,794.51	\$ -	\$ 17,794.51
September	\$	7,328.51	\$ -	\$ 7,328.51
October	\$	22,794.49	\$ -	\$ 22,794.49
November	\$	6,973.99	\$ -	\$ 6,973.99
December	\$	22,439.97	\$ -	\$ 22,439.97
TOTAL:	\$	202,855.38	\$ -	\$ 202,855.38
AVERAGE:	\$	16,904.62	\$ -	\$ 16,904.62
<u>Securities</u>				
Market Value of Inve	stments as of 12/	31/2014:		\$ 359,321.77
Market Value of Inve	stments as of 12/	31/2015:		\$ 366,549.69
AVERAGE MARKET V	ALUE OF INVEST	MENTS:		\$ 362,935.73

HUNTINGTON CLINICAL FOUNDATION, INC. EMPLOYER IDENTIFICATION NO. 31-0979390 2015 FORM 990-PF

PART XV, LINE 3

<u>Name</u>	Relationship of Recipient to Manager	Foundation Status	Purpose		Amount
L City of Huntington Foundation	N/A	Public	Funding for purchase of auto electronic defibrillators	\$	5,000.00
2 Marshall University Medical Outreach	N/A	Public	Funding for medical services for the homeless	φ.	2,000 00
3 American Foundation for the Blind	N/A	Public	Funding for development costs of the "Notetaker" mobile application	∿	2,500.00
1 Marshall University Foundation	N/A	Public	Funding for two \$10,000 first year scholarships MU School of Medicine	ኍ	20,000 00
5 Spina bifida Camp	N/A	Public	Funding for week-long camp for children with spina bifida	\$	7,500.00
5 Recovery Point	N/A	Public	Funding for program support for rehabilitation services	s	7,500.00
7 Cabell Huntington Health Department	N/A	Public	Funding for syringe exchange and naloxone education	s	7,500.00
TOTAL:				S	52,000.00